



# Application for Employment

**Trilogy is a non-smoking environment. Employees may not smoke in or around the building at anytime. Smoke breaks are not allowed.**

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.*

Position(s) applying for \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you find out about this job?  Newspaper  Employee  Walk-in  Friend/Relative  Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

Are you at least 21 years old? \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

## Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_ Salary Desired? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? \_\_\_\_\_ If yes, dates of employment: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Education (circle highest level completed)

Elementary: 1 2 3 4 5 6 7 8      Secondary: 9 10 11 12 G.E.D

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

Degree & Major: \_\_\_\_\_

If yes, identify program and school: \_\_\_\_\_

Minor: \_\_\_\_\_

## Work History (please begin with most recent)

Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

**For references purposes:** Have you worked for any of these organizations or attended school under a different name? \_\_\_\_\_ If yes, give name and organization(s) \_\_\_\_\_

**May we contact the employers listed above?** \_\_\_\_ If not, list the employers you do not wish us to contact and why:

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