



EMPLOYMENT APPLICATION

Applicants May be Tested for Illegal Drugs

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Have you ever worked for this company? YES NO
 If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

(Any disclosure is not an automatic disqualification for the position)

How did you hear about us? (please be specific) _____

Education

High School: _____ Address: _____

Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO
 Degree: _____

College: _____ Address: _____

Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Time of Discharge: _____

Duties Performed / Work Experience: _____

Transportation

Do you have a driver's license? YES NO

What is your means of transportation to work? _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

PLEASE READ CAREFULLY

Application Form Waiver

I _____ certify that all statements and information contained within this application are true. I understand that the misrepresentation or omission of facts is cause for dismissal at any time without any previous notice. I hereby give Trinity Employment Specialists (TES) permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release TES from any liability as a result of such contact.

I also understand that 1) TES has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; 2) consent to and compliance with such policy is a condition of my employment; and 3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related examinations.

I _____ authorize Trinity Employment Specialists and any party or agency contacted to obtain a criminal background check. I understand that any job offers will be contingent on successfully passing both a background check and drug screen.

Signature of applicant: _____ Date: _____

Trinity Employment Specialists (TES) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with TES depends solely on your qualifications.

Thank you for completing this application form and your interest in Trinity Employment Specialists.

Emergency Contact information

Name _____ Relationship to you _____

Phone Number _____

Name _____ Relationship to you _____

Phone Number _____



TRINITY

EMPLOYMENT SPECIALISTS

DISCLOSURES AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone “who knowingly and willfully obtains informations on a consumer from a consumer reporting agency under false pretenses” shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

Trinity Employment Specialists
5416 S. Yale Ave. Suite 310
Tulsa, OK 74135

In connection with my application for employment (including contract for services or volunteers), I understand that investigative background inquiries are to be made on me, which may include consumer credit, criminal, civil litigation, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency to furnish the above mentioned information and release all parties involved from my liability and responsibility for doing so. I hereby consent to obtaining the above information from any or all licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the reports mentioned above at any time during my employment, (contract or volunteering) and have received a copy of Consumer Reports Notification, regarding pulling of such consumer reports. In the event information from your report is used in whole or in part in making an adverse decision in regards to your employment, before making an adverse decision, you will be provided with a copy of the consumer report along with a copy of your rights under the FCRA.

Applicant Signature _____ **Date** _____

Please Print Clearly: _____ **Position Applied For:** _____

Name: _____ **Other Names:** _____
 First Middle Last

Motor Vehicle Report: (Required only for Drivers Positions)

Name as it appears: _____ License Number: _____ State: _____

If a consumer report is conducted would you like to receive a copy? Yes _____ No _____