



TRINITYCARE.XYZ

Employment Application

APPLICANT INFORMATION									
Last Name			First Name			M.I.	Date		
Street				Apartment					
City			State		ZIP				
Phone			E-mail						
Date		Social		Desired Salary					
Position									
Are you a citizen of the United			YES	NO	If no, are you authorized to work		YES	NO	
Have you ever worked for this Agency			YES	NO	If so, when				
Have you ever been convicted of a Felony			YES	NO	If yes, When/why				
EDUCATION									
High School			Address						
From		To	Did you graduate	YES	NO	Degree			
College			Address						
From		To	Did you graduate	YES	NO	Degree			
Other			Address						
From		To	Did you graduate	YES	NO	Degree			
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship To Applicant					
Company				Phone Number					
Address									



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Full Name		Relationship To applicant	
Company		Phone Number	
Address			
Full Name		Relationship To applicant	
Company		Phone Number	
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



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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 Discharge	Type of Discharge
If other than honorable, explain	

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



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Equal Employment Opportunity Form

Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone: ()

Social Security Number:

Position Applied for:

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|



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Military Service

- Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Website
 Other _____

I _____ hereby authorize _____ to request and receive from all prior employers within 1 year (minimum of 1 year) of the date of application, any and all pertaining information concerning prior employment and its termination including the reasons for such terminations.