



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 | | | | | | | | | | |



TRINITYCARE.XYZ

| | | | |
|-----------|--|---------------------------|--|
| 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 |



TRINITYCARE.XYZ

| | | | | |
|------------------|-----------------|------------|---------------|----|
| 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 |



TRINITYCARE.XYZ

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 |
|---------------------------------|-------------------------------|



TRINITYCARE.XYZ

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.