



Have you ever worked for Trinity Assistance Corporation? Yes No

Do you have a desired client assignment? _____

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apt/Unit #	
City	State	Zip	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied For			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have any pending criminal charges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have any experience working with people with developmental disabilities? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Do you have a conviction or prior history of abuse, neglect or mistreatment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Have you ever been the subject of an *indicated report of abuse, neglect or maltreatment of an individual? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: An indicated report of abuse, neglect or maltreatment is a report made after an investigation by an appropriate government agency or voluntary providers to the Central Register of the New York State because some credible evidence exists to support an allegation of abuse, neglect, or maltreatment of an individual.			
DO YOU HAVE A DRIVER'S LICENSE? __YES __NO What is the means of transportation to work? _____ Driver's License No: _____ State of Issue: _____ Operator __Commercial (CDL) __Expiration Date: _____ Have you had any accidents during the past 3 years? __YES __NO How many? ____			

EDUCATION

High School	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list three professional references

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

APPLICANT NAME		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NO <input type="checkbox"/>		
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.		
Transportation of individuals involves a high degree of responsibility by both the driver and the agency. As part of this responsibility, Trinity reserves the right to review my driving record prior to employment and receive notification from DMV of any changes in my driving record.		
I authorize investigation of all statements contained herein. I authorize the references listed above to give Trinity any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage.		
I acknowledge and understand that if I am offered a position with Trinity, I am required under NYS Law to be subject to a Staff Exclusion List & MHL (Abuse/ Neglect History) Check, Criminal Background Check and will be sent for fingerprinting, Child Abuse Registry Clearance if working with a minor, Medicaid Fraud Clearance & Exclusion List from NYS Office of the Medicaid Inspector General and Valid License Credentialing for Licensed Applicants.		
I acknowledge and understand that my employment is contingent on the outcome of the criminal record history check, background investigation, DMV license check and Child Abuse Registry Clearance.		
Signature		Date

Trinity Assistance Corporation is an Equal Opportunity Employer
 All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.
 We are also an equal opportunity employer of individuals with disabilities and protected veterans.
 Please view Equal Employment Opportunity Posters provided by OFCCP