

We sincerely appreciate your interest in employment with Trinity Pines Retirement Center Inc. (Trinity Pines) and assure you that we are interested in your qualifications. To give us a clear understanding of your background and work history, we ask that you fill in **all** information requested. This greatly helps us in our screening process and enables us to place candidates in positions that best meet their qualifications and our needs. A résumé does not replace the requirement to have this form completed. However, it may be included. Incomplete applications will not be considered. Applications are considered active for 90 days. If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to help you.

PLEASE PRINT

Position Applying For:		Date of Application	
Last Name		First Name	Middle Name
Address	Street	City	State Zip code
Telephone Number(s) Home:		Work: (optional)	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
State age if Under 18:	How were you referred To TRINITY PINES?		
When is the best time to contact you?	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Status Preference: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
If offered employment, when would be able to start? Mo. _____ / date _____ / Yr. _____		Rate/Range of pay desired: _____ per _____	
Have you ever been employed with TRINITY PINES? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, position(s) held and approximate dates worked:	
Have you ever applied at TRINITY PINES before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please give date(s) and position(s) applied for.	
Do you have any relative(s) currently working for TRINITY PINES? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is (are) their relationship(s) to you?	
Do you have reliable transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		May you lawfully work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you prove such status if offered employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, and/or unsure, please explain: _____ _____		
Are there any work hour and/or overtime considerations that may limit your availability for work or overtime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: (Note: TRINITY PINES will make reasonable accommodations regarding such conditions as required by law)			
Have you been convicted of a crime of which has not been removed from your record, or have an arrest with a pending conviction? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date, place, and nature of conviction.* _____ _____			
* note: A criminal record does not constitute an automatic bar to employment. It will be considered only as it relates to the job for which you are applying.			
Have you ever been discharged or asked to resign from a position? If yes, please explain: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	

(Please continue on next page)

WORK EXPERIENCE

Start with your present or last job and leave no gaps.

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor's Name/Job Title	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor's Name/Job Title	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
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Supervisor's Name/Job Title	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number (s)	Starting	Final	
Starting / Present Job Title			
Supervisor's Name/Job Title	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

(Please continue on next page)

If you answered 'no' for contacting any previous employer, please explain.

References

Please list 3 Employment references. Do not include family members.

<i>Name of Person</i>	<i>Name of Business</i>	<i>Relationship</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Phone</i>
<i>Name of Person</i>	<i>Name of Business</i>	<i>Relationship</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Phone</i>
<i>Name of Person</i>	<i>Name of Business</i>	<i>Relationship</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Phone</i>

Position Specific Qualifications / Skills / Certifications etc.

Please list the qualifications, experiences, etc. that you feel especially qualify you for this position.

Education

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	GED	Post high School	1 2 3 4 5 6 >
Name of last school attended:		Location:	
Most current degree achieved:		Where obtained:	

Driving Record

If driving a vehicle is an essential job function, please complete the following section

Driver's License Number:	State:
Have you been involved in any accidents in a motor vehicle within the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list dates and a brief description of the accident and indicate if the accident was your fault or the fault of the other driver.	
Have you had any traffic violation citations or written letters within the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list dates and brief description of the violation.	

(Please continue on next page)

Applicant Acknowledgement
(Please read carefully and sign)

- I certify that all statements and information contained in this application were made by me and are true, correct and complete to the best of my knowledge and belief. I understand that any miss-representation or omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
- I authorize Trinity Pines Retirement Center, Inc. to investigate my responses on this application and to contact all former employers or any individuals familiar with me and my employment background for purposes of verifying any information I have provided or obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and/or employment, as conditioned, by law.
- I understand that upon receiving a job offer, a physical examination and/or drug screening may be required. (Note: If this is a job requirement, you will be notified of this requirement following an offer of employment. Such requirement would have to be successfully completed as a condition of employment.)
- I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
- I understand that this application for employment shall be considered active for a period of time not to exceed 90 days. If I wish to be considered for employment beyond this time period it will be necessary for me to complete a new application form.
- Regardless of whether or not I become employed by Trinity Pines Retirement Center, Inc., I recognize that this application process and any offer of employment should not be considered as a contract of employment. I understand that the terms and conditions of my employment may be changed with or without cause or prior notice at any time. I understand that employment with Trinity Pines Retirement Center, Inc. is on an "At-Will" basis and that either Trinity Pines Retirement Center, Inc. or I can terminate my employment with or without cause and/or notice, at any time, unless I specifically have been or I issued a written employment contract. That no person other than the President has the authority to offer any agreement regarding employment or employment contract. That unless such agreement/contract has been executed in writing to me, by the President, my employment with Trinity Pines Retirement Center, Inc. is "At-Will" and I in no way bind Trinity Pines Retirement Center, Inc. to a contractual agreement regarding permanency of employment.
- I authorize Trinity Pines Retirement Center, Inc. to deduct all outstanding personal expenses charged to Trinity Pines Retirement Center, Inc. and unearned paid benefits from my paycheck.

_____ (_____) _____ / ____ / ____
(Signature of Applicant) (Social Security Number) (Date)
(voluntary)

Thank you for your time and interest in pursuing employment with Trinity Pines Retirement Center, Inc.

