

**EMPLOYMENT APPLICATION FORM**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Employment Desired**

Position(s) applied for or type of work desired: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

Date you will be available to start work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Is there any reason we may not inquire of your present employer or prior employees? If yes, please explain:

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18, can you furnish a work permit if it is required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

# TRILLIONSCIENCE

How were you referred to us? \_\_\_\_\_

## Employment History

Please provide all present and past employment starting with the most recent employer. (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Salary: start \_\_\_\_\_ end \_\_\_\_\_

Job summary: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Salary: start \_\_\_\_\_ end \_\_\_\_\_

Job summary: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Salary: start \_\_\_\_\_ end \_\_\_\_\_

Job summary: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Educational History

List school name and location, years completed, course of study, and any degrees earned:

School	Name and Address	No. of years	Did you	Degree
	And Address	Completed	Graduate?	Diploma
High school:	_____	_____	_____	_____
	Address			
	City	State	Zip	
College/ University	_____	_____	_____	_____
	Address			
	City	State	Zip	
College/ University	_____	_____	_____	_____
	Address			
	City	State	Zip	
College/ University	_____	_____	_____	_____
	Address			
	City	State	Zip	
Vocational/ Business	_____	_____	_____	_____
	Address			
	City	State	Zip	

## Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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## References

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

_____	_____	_____
First Name	Last Name	Telephone Number
_____		_____
Occupation		N. of Years known
_____	_____	_____
First Name	Last Name	Telephone Number
_____		_____
Occupation		N. of Years known
_____	_____	_____
First Name	Last Name	Telephone Number
_____		_____
Occupation		N. of Years known

## Please Read Carefully and Sign Below

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_