



An Equal Opportunity Employer

Application for Employment

PERSONAL INFORMATION:

Date: _____

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number: _____ Alternate Phone Number _____

Are you eligible to work in the United States? Yes _____ No _____

POSITION/AVAILABILITY:

Position Applied For _____

Days/Hours Available Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____

Hours Available: from _____ to _____ Date available to start _____

EDUCATIONAL HISTORY:

Name and Address of Schools - Degree/Diploma - Graduation Date



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Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____ Phone No _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for leaving _____

May We Contact Your Present Employer? Yes _____ No _____ (sign attached release)

Previous Employer:

Employer Name: _____

Address: _____

Supervisor: _____ Phone No. _____

Position Title: _____

From: _____ To: _____



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Responsibilities:

Salary: _____

Reason for Leaving: _____

References:

Name/Title Address Phone and e-mail

NOTE TO APPLICANT: I understand, as a Service Provider for Trinity Support Services LLC, my position may require me to transport clients.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of Applicant _____

Date of Application _____

Trinity Support Services, LLC.
601 Starling Ave
Martinsville, Virginia 24112
Phone: (276) 632-0589 Fax (276) 632-0590
Email tahairston@trinitysupports.com



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Employee Availability/Certifications Form

This availability form is helpful for our staff to determine the hours you are available to work as our clients have varying needs. Trinity makes every attempt to meet those needs based on the availability of staff.

Applicant Name: _____ Date: _____

Are you interested in working on a part-time or full-time basis? _____PT _____FT

If part-time, how many hours per week are you willing to work? _____

Are you certified in behavioral intervention? _____Yes _____No

If so, what type? _____ Expiration date: _____

Are you currently certified in CPR? _____Yes _____No If yes, Expiration date: _____

Are you currently certified in First Aid? _____Yes _____No If yes, Expiration Date: _____

Are you willing to submit to central registry checks and state and federal background checks? _____yes _____no

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Martinsville, Virginia 24112
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tahairston@trinitysupports.com

REFERENCE RELEASE FORM



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I have applied for employment with Trinity Support Services, LLC and have listed you as a former employer. Please provide answers to the following questions and return this form in the enclosed envelope or fax to the above number. By this authorization, I hereby release you from any liability based on these answers.

APPLICANT SIGNATURE DATE SOCIAL SECURITY NUMBER

EMPLOYER ONLY-PLEASE COMPLETE THE INFORMATION BELOW

Employer Name _____ **Title** _____

Dates of employment: _____ **to** _____

Why did the applicant leave your employment?

Is the applicant eligible for rehire? _____ **Yes** _____ **No**

If no, why? _____

Please rate applicant on the following characteristics:

	Below Avg	Average	Above Avg.	Outstanding
Quality Of Work				
Attendance				
Ability to work with minimal supervision				
Cooperativeness				
Dependability				
Quality of Paperwork, if required				

Additional comments:

Signature of person completing form _____ Date _____

Title of person completing form _____