



**Employment History**

Provide the following information for your past three (3) employers, assignments, or volunteer activities, starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Supervisor and Title		Summary of work performed	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____      Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Supervisor and Title		Summary of work performed	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____      Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Supervisor and Title		Summary of work performed	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____      Final \$ _____ per _____	

**Skills and Qualifications**

Summarize any training, skills, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

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Summarize any experience you have acquired working with individuals with disabilities.

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***Educational Background***

Name and Location	Years Completed	Did you Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

***References***

Name	Telephone	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

\_\_\_\_\_  
Initials

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and social media web-sites and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

\_\_\_\_\_  
Initials

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

\_\_\_\_\_  
Initials

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.

\_\_\_\_\_  
Initials

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 may result in immediate termination of employment.

\_\_\_\_\_  
Initials

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_





## ***NOTICE THAT BACKGROUND CHECKS WILL BE MADE***

### **IMPORTANT NOTICE: AUTHORIZATION REQUIRED**

This is to inform you that Triality's procedure for processing an employee's employment application includes:

- Criminal background check (all employees)
- Driving record check (if driving is a requirement of the job)

By this document, Triality discloses to you that above referenced records may be obtained for employment purposes as part of a pre-employment investigation and at any time during your employment.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation.

Before taking any adverse employment action based on an employee's criminal or driving record, including denying employment, Triality will provide to employees, without charge, a copy of the report.

Your signature on the following page signifies your receipt of the above disclosure and indicates your authorization for Triality to obtain criminal and driving records about you from qualified reporting agencies.

**I acknowledge that I have received a copy of the above notice and that I authorize a copy of my criminal and driving records to be released to Triality. If hired, the authorization will remain on file and will serve as an ongoing authorization for Triality to obtain reports at any time during my employment.**

Date \_\_\_\_\_

Signature \_\_\_\_\_