



Application for Employment-Equal Opportunity Employer

**Please Submit to: Human Resources
 One Trillium Center
 Cashiers, NC 28717
 Fax: 828-743-6204
info@trilliumnc.com**

Personal Information

Name (Last Name First) _____

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

(_____) _____ - _____ Referred By _____

Phone _____

Employment Desired

Position _____ Date You Can Start _____ Salary Desired _____

Are you employed now? No Yes Are you legally authorized to work in the U.S.A.? No Yes

Have you ever applied to this company before? No Yes Where? _____ When? _____

Education

Please specify Name & Location Years Attended Did you graduate? Subject Studied

High School: _____

College: _____

Trade School: _____

General Information

Subjects of Special Study or Research Work _____

Special Training _____

Special Skills _____

U.S. Military Service _____

Former Employers (Begin with most recent employer)

	<i>Name & Address of Employer</i>	<i>Salary</i>	<i>Position</i>	<i>Reason for Leaving</i>
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____

References (Give below the names of three persons not related to you, whom you have known at least one year)

<i>Name</i>	<i>Phone Number</i>	<i>Business</i>	<i>Years Known</i>
_____	(____)____-_____	_____	_____
_____	(____)____-_____	_____	_____
_____	(____)____-_____	_____	_____

Have you ever been convicted of, plead guilty/no contest to a crime? No Yes

If yes, explain.

(A conviction record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by the law.)

Authorization

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

- FOR OFFICE USE ONLY -

Interviewed By: _____ Date: _____

Remarks: _____

Hired: _____ Dept: _____ Position: _____ Start Date: _____ Wage: _____