



## Application for Employment-Equal Opportunity Employer

Please Submit to: **Human Resources**  
**One Trillium Center**  
**Cashiers, NC 28717**  
**Fax: 828-743-6204**

[dwittekind@trilliumnc.com](mailto:dwittekind@trilliumnc.com)

### Personal Information

\_\_\_\_\_  
Name (Last Name First)

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

\_\_\_\_\_  
Referred By

### 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

APPLICATION FOR EMPLOYMENT – CONTINUED ON OTHER SIDE

**Former Employers** (Begin with most recent employer)

	<i>Name &amp; 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: \_\_\_\_\_