



**Are you professionally licensed or registered with any professional group, association, or society relating to the job for which you are applying?**

Registration/License No.: \_\_\_\_\_

State: \_\_\_\_\_ Date of Expiration:            /    /

**List any additional experiences, skills, and qualifications that you believe relate to the job(s) for which you are applying:**


**EMPLOYMENT RECORD**

*List all present and past employment beginning with the most recent.*

**May we contact your present employer?**  Yes  No

<b>Employer:</b>	<b>Dates Employed:</b> /    /        to    /    /
<b>Employer's Address:</b> (street, city, state, zip)	
<b>Employer's Phone:</b> (       )       -	<b>Hourly Rate/Salary:</b> Start:    \$
<b>Your Job Title:</b>	Final:    \$
<b>Your Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Duties Performed/ Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b> /    /        to    /    /
<b>Employer's Address:</b> (street, city, state, zip)	
<b>Employer's Phone:</b> (       )       -	<b>Hourly Rate/Salary:</b> Start:    \$
<b>Your Job Title:</b>	Final:    \$
<b>Your Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Duties Performed/ Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b> /    /        to    /    /
<b>Employer's Address:</b> (street, city, state, zip)	
<b>Employer's Phone:</b> (       )       -	<b>Hourly Rate/Salary:</b> Start:    \$
<b>Your Job Title:</b>	Final:    \$
<b>Your Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Duties Performed/ Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b> /    /        to    /    /
<b>Employer's Address:</b> (street, city, state, zip)	
<b>Employer's Phone:</b> (       )       -	<b>Hourly Rate/Salary:</b> Start:    \$
<b>Your Job Title:</b>	Final:    \$
<b>Your Supervisor:</b>	<b>Reason for Leaving:</b>
<b>Duties Performed/ Responsibilities:</b>	

**PROFESSIONAL REFERENCES (no personal friends or family)**

<b>Name:</b>	<b>Job Title:</b>
<b>Company Name:</b>	<b>Phone Number:</b> ( ) -
<b>Address:</b> (street, city, state, zip)	
<b>Relationship:</b>	<b>Time Known:</b> year(s)
<b>Name:</b>	<b>Job Title:</b>
<b>Company Name:</b>	<b>Phone Number:</b> ( ) -
<b>Address:</b> (street, city, state, zip)	
<b>Relationship:</b>	<b>Time Known:</b> year(s)
<b>Name:</b>	<b>Job Title:</b>
<b>Company Name:</b>	<b>Phone Number:</b> ( ) -
<b>Address:</b> (street, city, state, zip)	
<b>Relationship:</b>	<b>Time Known:</b> year(s)

**AGREEMENTS**

<p><b>ARE YOU SUBJECT TO ANY EMPLOYMENT AGREEMENT OR EMPLOYMENT TERMINATION AGREEMENT WITH ANOTHER EMPLOYER (INCLUDING BUT NOT LIMITED TO, EMPLOYMENT CONTRACTS, NON-COMPETE AGREEMENTS, AND/OR CONFIDENTIALITY AGREEMENTS)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a complete and accurate copy of each agreement.</i></p> <p>I certify that the facts set forth in this application are true, correct, and complete without misrepresentations or omissions. I understand that Trinity Senior Services requires all employees to receive a two-step TB test and annual flu vaccinations as a condition of employment. This policy also applies to all Trinity Senior Services volunteers, all contracted personnel, students and trainees in any setting. There is an exception process for those with a documented, medical contraindication or religious belief.</p> <p>I authorize Trinity Senior Services to verify the validity of any credentials I have identified or that are required for the job and to search other government registries for entries relating to me (including the sex offender registry, the Wisconsin Department of Safety and Professional Services, and the Wisconsin Office of Inspector General).</p> <p>I understand Trinity Senior Services policy of equal employment opportunity without regard to age, race, color, creed, religion, handicap, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest records, status as a disable veteran of the Vietnam era or membership in the National Guard, state defense force, or any other reserve component of the military forces of the United States or Wisconsin, as required by law.</p> <p>I understand I will be an employee-at-will and that either Trinity Senior Services or I may terminate that employment relationship at any time, for any reason, with or without notice. I also understand that the CEO is the only employee of Trinity Senior Services who is authorized to initiate an employment agreement.</p>
<p><b>Applicant Signature:</b> _____ <b>Date:</b>    /    /</p>



**AUTHORIZATION & RELEASE  
(Trinity Senior Services  
Applicant)**

I am applying for employment with the Trinity Senior Services I voluntarily and knowingly authorize any former employer, person, firm, corporation, school, or government agency, its officers, employees, and agents to release any and all information regarding my former employment to this prospective employer, its officers, employees, and agents, or any other person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless such former employer, person, firm, corporation, or government agency, its officers, employers, or agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent disclosing such facts known are untrue.

This authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this authorization may be used by the Trinity Senior Services and shall be valid as the original.

**Applicant Name:** \_\_\_\_\_

**Last Four Digits of  
Social Security No.:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:**     /     /     \_\_\_\_\_