



# Application for Employment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Position desired \_\_\_\_\_

Can you perform, the essential functions of the position for which you are applying?  
YES ( ) NO ( ) If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

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When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES ( ) NO ( )  
(Proof of identity and eligibility will be required upon employment)

Have you ever worked for TRC before? YES ( ) NO ( )

If yes, where? \_\_\_\_\_

When? (Give dates) \_\_\_\_\_ Job Title \_\_\_\_\_

Do you have any relatives or friends who work for TRC? YES ( ) NO ( )

If yes, who and where do they work? \_\_\_\_\_

Have you ever done any volunteer work? YES ( ) NO ( ) If yes, describe:  
(Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

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Are you available to work: Days ( ) Nights ( ) Weekends ( ) Full Time ( ) Part Time ( )

Are you presently employed? YES ( ) NO ( ) If yes, may we contact your employer?  
YES ( ) NO ( ) If presently employed, why are you considering leaving?

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Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES ( ) NO ( ) If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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**EDUCATION:**

High School \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate Yes ( ) No ( ) Degree: \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate Yes ( ) No ( ) Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate Yes ( ) No ( ) Degree: \_\_\_\_\_

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES ( ) NO ( )  
If yes, please describe: \_\_\_\_\_

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**EMPLOYMENT Start with your present or most recent position:**

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**MILITARY SERVICE:**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

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**IMPORTANT, PLEASE READ AND SIGN:**

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

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I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: \_\_\_\_\_

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**RESULTS:**

Employed: YES ( ) NO ( )  
If yes, Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Compensation: \$ \_\_\_\_\_  
Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES:**

1. \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_  
(Name) Phone#

\_\_\_\_\_  
(Address)

## APPLICANTS STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby allow a criminal background check to be done to ascertain my past and present criminal justice status.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

# Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source

Advertisement  Employee  Relative  Walk-in  School

Other \_\_\_\_\_

Applicant's Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First Middle Area Code Phone

Address \_\_\_\_\_  
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE:  Male  Female

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

Hispanic  Black  White  American Indian/Alaskan Native  Asian Pacific/Pacific Islander

CHECK ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual