



**Trinity Construction
Management, LLC**

Certified State of Florida MBE Subcontractor

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APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

DATE: _____

NAME

LAST FIRST MIDDLE MAIDEN

**PRESENT
ADDRESS**

NUMBER STREET CITY STATE ZIP

HOW LONG? _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

TELEPHONE () - _____

IF UNDER 18, LIST AGE _____

POSITION APPLIED FOR _____

DAYS/HOURS AVAILABLE TO WORK

SALARY DESIRED _____

_____ NO PREF. _____ THUR

_____ MON _____ FRI

_____ TUES _____ SAT

_____ WED _____ SUN

ARE YOU WILLING TO TRAVEL? _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

CAN YOU WORK NIGHTS? YES NO

EMPLOYMENT DESIRED FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

SOONEST AVAILABLE FOR WORK? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE				
PROFESSIONAL				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCES(S) IMPOSED, AND TYPE(S) OF REHABILITATION.

DO YOU HAVE A DRIVER'S LICENSE? YES NO

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE _____ EXP. DATE _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES NO HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? YES NO HOW MANY? _____

WORK EXPERIENCE PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF EMPLOYED, GIVE FIRM NAME. ATTACHE ADDITIONAL SHEETS IF NECESSARY.

NAME OF EMPLOYER ADDRESS CITY, STATE, ZIP PHONE	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
		FROM	START
		TO	FINAL
YOUR LAST JOB TITLE:			

REASON FOR LEAVING (BE SPECIFIC):
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMTIONS WHILE YOU WORKED AT THIS COMPANY.

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MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
 DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO IF NOT, WHO DID? _____