



# APPLICATION FOR EMPLOYMENT

POSITION OF INTEREST

## PERSONAL INFORMATION

			SOC. SEC. #	
FIRST NAME	M	LAST NAME	TELEPHONE	(    )
STREET ADDRESS / APT. #		CITY	STATE	ZIP CODE
EMAIL:		CELL PHONE:	(    )	

Are you over the age of 18?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If NO, do you have a work permit?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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## EMPLOYMENT HISTORY

List your last 5 positions starting with PRESENT or LAST EMPLOYER

From:		Employer:		Position:	
To:		Supervisor:		Telephone:	(    )
Brief description of job duties and reasons for leaving:					
					Wages:
From:		Employer:		Position:	
To:		Supervisor:		Telephone:	(    )
Brief description of job duties and reasons for leaving:					
					Wages:
From:		Employer:		Position:	
To:		Supervisor:		Telephone:	(    )
Brief description of job duties and reasons for leaving:					
					Wages:
From:		Employer:		Position:	
To:		Supervisor:		Telephone:	(    )
Brief description of job duties and reasons for leaving:					
					Wages:
From:		Employer:		Position:	
To:		Supervisor:		Telephone:	(    )
Brief description of job duties and reasons for leaving:					
					Wages:

Please list all your skills that relate to the position for which you are applying:

1. 2. 3. 4. 5.	6. 7. 8. 9. 10.
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## SCHEDULING AVAILABILITY

Please indicate what times of the day you are available for work / training for the next three months. If you are unavailable, place an "X" in that box; leave "BLANK" if you are available; and indicate specific times if applicable.

	MON	TUES	WEDNES	THURS	FRI	SAT	SUN
AM SHIFT 8-5PM							
PM SHIFT 5-CLOSE							
EXCEPTIONS							

Write any specific dates are exceptions to the above scheduling availability on the back of this section of the application.

EDUCATION AND ACHIEVEMENTS				
Grade School:		High School:		
College or Other Schools:		Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Dates of Attendance:	Degree: <input type="text"/>	
College or Other Schools:		Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Dates of Attendance:	Degree: <input type="text"/>	
College or Other Schools:		Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Dates of Attendance:	Degree: <input type="text"/>	
College or Other Schools:		Graduated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Dates of Attendance:	Degree: <input type="text"/>	

**LIST PERSONAL CERTIFICATES, ACHIEVEMENTS, AWARDS, ETC.:**

- 1.
- 2.
- 3.
- 4.
- 5.

PERSONAL REFERENCES				
List former employers (NOT relatives) that we can contact regarding recommendations for your employment				
Name:	<input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>	Relationship and Occupation:
Name:	<input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>	Relationship and Occupation:
Name:	<input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>	Relationship and Occupation:
Name:	<input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>	Relationship and Occupation:
Name:	<input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>	Relationship and Occupation:

Have you been convicted of a felony in the last seven (7) years? YES  NO

If YES, explain:

Do you have any impairments, physical, mental, or medical which would interfere with your ability to perform the job for which you have applied? YES  NO

If YES, explain:

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. If printed or faxed, my name listed below is my signature. I understand that if employed, an original signature will be required.

Signature	<input type="text"/>	Date	<input type="text"/>
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This document will be kept on file in the facility for a period of one year from the time of the application for employment.

 **Trifecta Management Group and Affiliated Companies**  
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**NOTES SPECIFIC TO SCHEDULING AVAILABILITY**  
 See opposite side for specific directions