



PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

89 Rd 8 RA Powell, Wy 82435
 Phone (307)645-3384 Fax (307)645-3385



APPLICATION FOR EMPLOYMENT

This application and any other written or oral agreements, forms or verbal conversations do not create an employment contract, and cannot be construed as such.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Employment at Trinity Teen Solutions, Inc. is at-will. That is, either you or Trinity Teen Solutions, Inc. may terminate the employment relationship at any time, with or without cause. The at-will relationship remains in full force and effect notwithstanding any statements to the contrary made by company employees or set forth in any documents.

I understand that if I am hired at Trinity Teen Solutions, Inc., I may be privy to sensitive information. Upon hire, I also understand that I will be asked to execute a non-compete agreement."

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
 Last First Middle Maiden

Present address _____
 Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____ Cell Phone () _____

Age _____ Date of Birth _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No Please attach copy of drivers licenses

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL)

Chauffeur

Expiration date _____

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM

10-key Yes No

Word Processing Yes No _____ WPM

Personal Yes No PC

Other _____

Computer Yes No Mac

Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold [Your Business], any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

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.** Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

PLEASE ENCLOSE THREE REFERENCES ATTESTING TO THE POTENTIAL EMPLOYEE'S ABILITY TO CARE FOR YOUTH. THE REFERENCES SHALL BE FROM INDIVIDUALS UNRELATED TO THE PROSPECTIVE EMPLOYEE WHO HAVE PERSONAL KNOWLEDGE OF THE PERSON'S ABILITY TO CARE FOR CHILDREN.

ALSO ENCLOSE A RESUME STATING WHY THE POTENTIAL EMPLOYEE WANTS THE JOB AND WHY WE SHOULD CONSIDER HIRING THE INDIVIDUAL.

In exchange for the consideration of my job application by Trinity Teen Solutions, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Trinity Teen Solutions, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Trinity Teen Solutions, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

To the best of my knowledge I have not appeared on a child abuse/neglect registry in Wyoming or states of previous residence.

I consent for TTS to obtain an abuse/neglect Central Registry check and a Division of Criminal Investigation (DCI) criminal history record prescreens.

I hereby declare that I have not been convicted within the preceding five years of any felony classified as an offense against the person or family, of public indecency or of violation of the Wyoming Controlled Substances Act (W.S. 35-7-1001 et seq.).

I consent to a background check through the local law enforcement agency.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

