

## **Employment Application**

Date:

Source Referral:

TRES VISION Group is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national orgin, disability.

Please print and complete form in detail filling in all appropriate blanks. All information will be held in strict confidence.

Full Name:				
(first)	(middle initial)		(last)	
Address:				
(street)	(city)	(state)		(zip)
Mobile Number:	Other:			
Are you applying for an unpaid Internship? Yes No	lf yes, please skip salar	y and position in	formation	
Position Desired:	Salary Exp	ected:		
Date Available:	Days Ava	ailable:		
Other Positions of Interest:				
Have you ever applied for employment or been employed by the If yes, position, location, time frame:	nis facility Y	íes í	No	
Do you have relatives employed by this facility? If yes, who:	Y	′es f	No	
Do you have the legal right to work in the United States?	Y	′es ľ	No	
Have you ever been convicted of a felony? (a conviction will not necessarily disqualify application from job applied for) If yes, when, where, type of offence, and disposition of case:	٢	′es f	No	

	Educatio	n	
		Last Year	
	Schools Attended (Name/Address)	Completed	Graduated
High School:			
College:			
Graduate School:			
Courses Majored In:			
Vocational/Trade Sch	nool Attended:		

Scholastic Honors Rec	ceived:						
Hobbies and Extracur	ricular Activities (Please	List)					
Languages Fluent In:							
		Clerical Applic	ants Onl	y			
[ ] Computer [ ] Outlook	[ ] Typing [ ] Outlook Calendar	[ ] Microsoft Excel Other:	[] Micros	soft Word	[ ] Micros	oft Powerpo	int
	IN CASE OF	EMERGENCY	(Person t	o be Cor	ntact)		
Name:			Contact:				
Name:			Contact:				
	Employ	vment History (	Begin with most re	ecent employmer	nt)		
May we contact your	present employer now	for reference?		Yes	No		
Employer:			Number:				
Position and Duties:							
Reason for Leaving:		End Data:		Calamu			
Start Date		End Date:		Salary:			
Employer:			Number:				
Position and Duties:							
Reason for Leaving:				Calas			
Start Date		End Date:		_Salary:			
Employer:			Number:				
Position and Duties: Reason for Leaving:							
Start Date	:	End Date:		Salary:			
		Referer	nces				
	(List at least three professio	nal references who know the	quality of your wo	ork and if we may	contact them.)		
Name	W	here Employed		Business Pho	one	Can we c	
						Yes	No
						Yes	No
						Yes	No

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct without consequential omissions of any kind whatsoever, and that I have not knowingly withheld any information that would affect this application unfavorably. I authorize my previous employees, schools, or persons named as references to give any information regarding my employment.

Appplicant's Signature:	Date: