



TRIBLE'S INC.

APPLICATION FOR EMPLOYMENT

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

DATE: _____

*NAME: _____ SSN: _____

*ADDRESS: _____

*CITY: _____ STATE: _____ ZIP: _____

*PHONE #: _____ ALT. PHONE # _____

*POSITION APPLYING FOR: _____

*HOW DID YOU HEAR OF TRIBLES: _____

*If you are under the age of 18, can you provide required proof of your eligibility to work?

YES _____ NO _____

*Have you ever filed an application with us before? If yes, give date.

YES _____ DATE _____ NO _____

*Have you ever been employed with us before? If yes, give date.

YES _____ DATE _____ NO _____

*Are you currently employed?

YES _____ NO _____

*Are you prevented from lawfully being employed in this country because of visa or status of Immigration? Proof of citizenship and/or immigration status is required upon employment.

YES _____ NO _____

*May we contact your present employer? YES _____ NO _____

*Are you currently on "layoff" status and subject to recall? YES _____ NO _____

*On what date would you be available for work? _____

*Are you available to work? Please circle appropriate.

Full Time Part Time Temporary Shift Overtime

*Have any of your friends or relatives ever worked for Tribble's? If so who?

YES ____ NO ____ If Yes name. _____

*Please provide highest education level completed. _____

*Describe any specialized training, skills, apprenticeship, and extracurricular activities.

*Indicate any foreign languages you can speak, read, or write. _____

*List Professional, trade, business or civil activities and offices held. You may exclude memberships which would reveal sex, race, religion, age, ancestry or handicap.

*Give the name and phone number of three references who are not a relative or past employer.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

*Have you ever had any job-related training in the United States Military?

YES ____ NO ____ If Yes, describe _____

*Are you physically or otherwise unable to perform the duties of the job for which you are applying for?

YES ____ NO ____ If Yes, describe _____

*Provide any work related experiences. Starting with your present or last job and include any job related military service assignments, and volunteer activities. You may exclude any organization which indicates race, color, religion, gender, national origin, handicap or other protected status.

Employment Experience

Employer

Address

Phone #

Dates Employed

_____ to _____

Job Title

Supervisor

Reason for Leaving

Start Pay

End Pay

Work Performed

Summarize special job related skills and qualifications acquired from employment or other experience.

Employer

Address

Phone #

Dates Employed

_____ to _____

Job Title

Supervisor

Reason for Leaving

Start Pay

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