



Application For Employment

Trans Inns Associates, Inc.

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental liability, veteran status, or any other legally protected basis.

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone Number () _____ Referred By _____

Position Applying For: _____ Date You Can Start _____ Salary Desired _____

Are You Employed? _____ If so, May we inquire of your present employer? _____

Have You Ever Applied to This Company Before? _____ Where? _____ When? _____

Are You Willing to Work Overtime? Yes No

U.S. Military or Naval Service _____ Rank _____

If driving is a requirement of the job for which you are applying, do you have a current Valid driver's license? Yes No

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.

If a minor, can you produce the age/work certificate necessary to obtain Employment? Yes No

Are you able, at the time of Employment, to submit verification of your legal right to work in the U.S.? Yes No

(Verification and completion of the I-9 form must be submitted no later than three business days after date of hire)

Have you ever been convicted of a felony or a crime or have felony charges pending which may be related to the functions or qualifications of which you are applying? Yes No

(A conviction record will not necessarily be a bar to employment)

If so, please describe fully the criminal conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s).

EDUCATION	NAME & LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized Technical Skills (i.e. computer programmer/language, equipment operation, special tools or machines used)

Work Experience

List Below Last Four Employers, starting with your present or last place of employment.
(You may include in such history any verified work performed on a volunteer basis)

Date Mo/Year	Name & Address of Employer	Salary	Position	Name & Telephone Number of Supervisor	Reason for Leaving

References

Please list the name, address & telephone number of three persons not related to you, whom you have known at least three years.

- 1) _____
- 2) _____
- 3) _____

Applicant's Statement

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time. Trans Inns Associates, Inc is an At-Will Employer.

Applicant's Signature

Date