



# APPLICATION FOR EMPLOYMENT

## Applicant Information

Date: \_\_\_\_\_

Please print all information, except the applicant signature on the last page.

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address  
City State Zip Code

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Earnings Expected: \_\_\_\_\_

Are you applying for full-time or part-time work? \_\_\_\_\_ Shift Desired? \_\_\_\_\_

What date would you be available to begin work? \_\_\_\_\_

Are you available to work evenings and weekend(s) as needed? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Have you ever been convicted of a crime? (A conviction will not automatically disqualify you) Yes No

If yes, indicate offense, date and explain: \_\_\_\_\_

Are you 16 years of age or older? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: \_\_\_\_\_

Have you ever worked for this or any other Trilogy Health Services location? Yes No

If Yes, What Location & When: \_\_\_\_\_

Do you have friends or relatives working at this or any other Trilogy location? Yes No

If yes, please give the names and the relationship (i.e. friend, brother, sister, etc.) \_\_\_\_\_

Did you serve in the U. S. Armed Forces? If "Yes", What Branch? \_\_\_\_\_

Describe any military training received relevant to the position for which and when you are applying: \_\_\_\_\_

How did you hear about us? Newspaper Internet Mail/Posting/Flyer Career Fair  
Community Event Employee/Friend/Relative (Name) Other

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**Education**

	<b>High School</b>	<b>Undergraduate College/University</b>	<b>Graduate/ Professional</b>
School name and location			
Did you graduate?			
Years completed			
Course of Study			
Diploma/Degree			

**Training and Development**

List specialized courses or training programs completed.

Courses	Date Completed
_____	_____
_____	_____
_____	_____

Type of License you hold: \_\_\_\_\_  
 State(s) in which you are registered/licensed, if applicable: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Date license expires: \_\_\_\_\_

Are you comfortable using a computer? \_\_\_\_\_ If yes, what programs do you feel you are most proficient? \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

In what capacity have you cared for the elderly? \_\_\_\_\_

Please describe your thoughts on what it means to you to care for the elderly: \_\_\_\_\_

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**Employment Experience**

Please start with your most recent employment and give accurate, complete Full and Part-Time Employment Information. Include any gaps in employment and reason(s).

<b>1. Employer:</b>	Dates employed: From: _____ To: _____	Duties:
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If current employer may we contact them? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s):	Hourly rate/salary: Starting: _____ Final: _____
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Position Title:	Supervisor:	Reason for leaving:
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<b>2. Employer:</b>	Dates employed: From: _____ To: _____	Duties:
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Address: \_\_\_\_\_

Telephone number(s):	Hourly rate/salary: Starting: _____ Final: _____
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Position Title:	Supervisor:	Reason for leaving:
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<b>3. Employer</b>	Dates employed: From: _____ To: _____	Duties:
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Address: \_\_\_\_\_

Telephone number(s):	Hourly rate/salary: Starting: _____ Final: _____
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Position Title:	Supervisor:	Reason for leaving:
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### Professional References

(Please do not include family or friends)

1. \_\_\_\_\_  
(Name) / (Association) \_\_\_\_\_ (Phone No.)  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_  
(Name) / (Association) \_\_\_\_\_ (Phone No.)  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_  
(Name) / (Association) \_\_\_\_\_ (Phone No.)  
\_\_\_\_\_  
(Address)

### General Terms of Employment

The information provided in this Application for Employment is true, correct and complete. If TriStar Home Care, LLC, its subsidiaries and affiliates (hereafter referred to as "TriStar") employs me, any misstatement or omission of fact on this application may result in my dismissal, whenever discovered.

I understand that TriStar is an at-will employer and agree that if hired, my employment is for no specific time period and can be terminated by TriStar or me at any time, for any or no reason. I understand that this application is not a contract of employment. I understand that to be considered for employment I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job. This At-Will relationship cannot be changed except by a contract in writing signed by the Chief Executive Officer of Trilogy.

I understand that TriStar has the right to modify its policies, practices and benefits at any time without giving me prior notice of the changes.

I understand that TriStar will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information. If hired, I also authorize TriStar to supply information about my employment record in confidence to any prospective employer, and I hereby release TriStar from any liability for providing such information.

I understand that any offer of employment is contingent upon satisfactory reports concerning my academic credentials, employment references and criminal records.

I understand that if I am offered employment, I may at any time be required to undergo a physical examination, subject to applicable law, and/or testing for illegal use of controlled substances, paid for by the company. Subsequent unsatisfactory reports may cause an offer of employment to be revoked. I further understand that for this type of employment, state law requires a criminal record check as a condition of employment and I agree to such record check.

Signature \_\_\_\_\_  
(\*DO NOT PRINT)

Date \_\_\_\_\_

**TriStar Home Care, its subsidiaries and affiliates is an Equal Opportunity Employer: Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap/disability or veteran status or any other status protected by any applicable law.**





# WRITTEN BUSINESS REFERENCE RELEASE

To Be Completed and Signed by Prospective Employee

Reference Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RELEASE OF INFORMATION STATEMENT

I, \_\_\_\_\_ hereby authorize my previous employer to  
(Print Name)  
Release to VIBRANT!, Inc., any information regarding my previous employment.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY FORMER EMPLOYER

ITEM	Satisfactory	Un-Satisfactory	N / A
Quality of Work			
Quantity of Work			
Responsibility			
Punctuality			
Attendance			
Professional Conduct			
Rapport with Others			
Cooperation			

Title of Position Hired for: \_\_\_\_\_ Hours Per Week Applicant Worked: \_\_\_\_\_

Title of Last Position Held: \_\_\_\_\_ How Long Did Applicant Work for You? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return to VIBRANT!, Inc. in self addressed stamped envelope provided

Attention: HR Manager  
2040 Washington Avenue – Evansville, IN 47714 - (812) 473-0100