



**Trinity Recovery Home LLC
Application for Employment**

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current negative TB Test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have current CPR and First Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current Fingerprint Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know anyone that is a current or past employee of Trinity Recovery Home LLC? <input type="checkbox"/> Yes* <input type="checkbox"/> No (If yes, state the nature of the relationship and name of the employee):
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? (Convictions are not an automatic bar to employment) <input type="checkbox"/> Yes* <input type="checkbox"/> No
Do you have any pending criminal charges against you? <input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes to either question above, please explain the nature of charge or crime, date of issuance or conviction, and state in which issued or convicted:

Employment Experience

Current or Most Recent Employment:

Company name	Dates of Employment: From: _____ To: _____
Street Address	Job Title and Duties:
City, State, Zip	Rate of pay per hour or annual salary:
Telephone Number:	
Supervisor:	
Reason for Leaving:	
If currently employed, may we contact as a reference?	

Next Employment

Company name	Dates of Employment: From: _____ To: _____
Street Address	Job Title and Duties:
City, State, Zip	Rate of pay per hour or annual salary:
Telephone Number:	
Supervisor:	
Reason for Leaving:	
If currently employed, may we contact as a reference?	



Additional Employment Experience Page

Employment Experience

Company name	Dates of Employment: From: _____ To: _____
Street Address	Job Title and Duties:
City, State, Zip	Rate of pay per hour or annual salary:
Telephone Number:	
Supervisor:	
Reason for Leaving:	
If currently employed, many we contact as a reference?	

Employment Experience

Company name	Dates of Employment: From: _____ To: _____
Street Address	Job Title and Duties:
City, State, Zip	Rate of pay per hour or annual salary:
Telephone Number:	
Supervisor:	
Reason for Leaving:	
If currently employed, many we contact as a reference?	



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References:

Give name, address, and telephone number of three (3) references that are NOT related and are NOT previous employers

Name	Telephone Number
Address	How Long Have You Known Them?
Relationship	

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Please read the following and sign your application:

This application is meant to be used by Trinity Recovery Home LLC to review your qualifications and make a determination if your qualifications are appropriate for a position that might be offered. This application does not serve as the sole determinate to whether you will or will not receive a position. If a position is offered and you accept, then you must abide by the rules, policies and procedures set forth by Trinity Recovery Home LLC.

Trinity Recovery Home LLC is an at-will employer. Unless the CEO constructs and offers you an employment contract for a specific service for a finite amount of time that you consent to, no Trinity Recovery Home LLC' representative can present you with any form of communication, written or oral, that would serve as an employment contract between you and Trinity Recovery Home LLC, implied or not. Your employment at Trinity Recovery Home LLC can be terminated either by you or by Trinity Recovery Home LLC, through its agents, at any time.

Trinity Recovery Home LLC reserves the right to update and revise its policies, procedures and rules: you agree to be bound to these changes now and in the future. From time to time, Trinity Recovery Home LLC may alter how it organizes itself, its rules, procedures, processes, regulations, benefits or other areas of interest. These changes may or may not affect you.

Trinity Recovery Home LLC may perform a background check on you. You agree to release all parties, ABC Homes and those contracted from liability. Trinity Recovery Home LLC may perform a background check in addition to the fingerprinting card process. Trinity Recovery Home LLC will contact your previous employers and references. Additionally, Trinity Recovery Home LLC may contact other persons or entities not listed in this application.

You hereby authorize Trinity Recovery Home LLC to investigate all available materials. The information provided here will be taken as true. If any provided material is determined to be fabricated, which would be determined at the sole discretion of Trinity Recovery Home LLC, and you may or may not be able to review or defend such a decision, then that discovery could result in the denial of a position or termination of employment at any time without notice.

Upon the start of employment, all employees are placed on a six month probationary period. Upon successful completion of probation you will be a full-status employee. During this probation period your supervisor and you will meet to ensure your experience and education meet the requirements for the position you were hired to fill. Upon completion of probation you may take personal time off by submitting a request for time off to your immediate supervisor. In the event you request personal time off during the probation period, your immediate supervisor may request that you remain on probationary status until further notice.

By signing this application, I agree to be bound by the above terms and conditions. I further acknowledge that additional rules, procedures, and regulations may be presented. I agree to be bound by those additional rules, procedures and regulations. In addition, by signing this application, does not constitute employment.

Print Name

Signature

Date



Trinity Recovery Home LLC Application

Administrative Use:

Employee's Name: _____

Date/Name of Verification of Current/Recent Employment: _____

Date/Name of Verification of Prior Employment: _____

Date/Name of Verification of Prior Employment: _____

Starting Date: _____ Starting Pay: _____

Full-time: _____ Part-time: _____

Position: DCP _____ BHP _____ CPC _____ Other _____

Background Check Websites to be checked at the time of Hire and at Annual Reviews:

<http://exclusions.oig.hhs.gov/>

<https://www.sam.gov/portal/public/SAM/>

<https://apps.supremecourt.az.gov/publicaccess/caselookup.aspx>

Date/Initials Background Check was conducted: _____

Findings from Background Check (if any): _____

Date/Initials for Annual Background Check: _____, _____, _____, _____

Date Annual Review was Completed: _____, _____, _____, _____

Pay Rate Adjustments:

Date of Adjustment	New Pay Rate	Reason for Adjustment
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Last Date of Employment: _____ Eligible for Re-hire: _____ (if not, explain in the comments)

Comments:

If additional room for comments is needed, please attach a separate piece of paper to the back of this application.