

EDUCATION

	School Name	City, State	Course, Major or Certification	Circle last year Completed	Type of Degree Received	Scholastic Average
High School				1 2 3 4		
Business/ Trade School				1 2 3 4		
College or University				1 2 3 4		
College or University				1 2 3 4		
Other						

Honors Received: _____

Trade or Professional License: _____ License #/State/Expiration Date: _____

Specialized Training, Apprenticeship, Skills, Extracurricular Activities _____

Have you ever been convicted of a crime other than minor traffic violations? _____ If yes, please explain:

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Convictions will not necessarily disqualify you from employment at Trinity College. The College will consider the nature and number of convictions and will consider convictions only if they are reasonably related to the position for which you are applying. You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut law. Criminal records subject to erasure under Connecticut law are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received absolute pardon. Any person whose criminal records have been erased under Connecticut law shall be deemed never to have been arrested within the meaning of the Connecticut General Statutes with respect to the proceedings so erased and may so swear under oath.

REFERENCES

List 3 persons, other than relatives or personal friends, who have knowledge of your work experience, education, and/or training.

Name	Address	Phone #	Title/Employer

EMPLOYMENT EXPERIENCE

Begin with most recent position. Include military service assignments and any verified work performed on a volunteer basis. If you worked under a different name for any employer, please so indicate in the job title section.

Employer Name & Address	Dates Employed	Job Title	Salary	Supervisor Name/Phone	Reasons for Leaving
1.					
2.					
3.					
4.					

If you are currently employed, when may we contact your present employer? _____

ADDITIONAL INFORMATION

Is there any additional information you feel would be helpful to us in considering your application?

Any special skills and qualifications acquired from employment or other experience:

Word Processing: _____ Software Used: _____ Other _____

I understand that this employment application, and/or the granting of an interview, does not represent a contract of employment or a promise of future benefits by the College.

I understand that this application will be active for a period of 180 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this College.

I understand that offers for some positions may be contingent on passing a job-related medical examination.

I understand that an offer of employment is contingent on successful completion of a background check.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize Trinity College to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I also authorize Trinity College to perform thorough background checks including those pertaining to credit and possible criminal records. I understand that false answers, statements or significant omissions made by me on this application shall be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for employment with **Trinity College**, on our behalf, Employers Reference Source may make inquiries, including but not limited to, your education, professional licensing, criminal history, driving history, abilities, work habits, residency, immigration status, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assignment to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the bottom of this form authorizing, without reservation, any party including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons who, in good faith, provide to Employers Reference Source the above-mentioned information as requested, in order to successfully complete a background investigation.

This completed form will be used to obtain a consumer report for employment purposes. Please retain a copy of this form for your records. **By signing this authorization, you certify your understanding that an offer of employment is contingent upon successful completion of this background check.**

Print Full Name: _____

Have you used any other name? Y N If yes, what name did you use? _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

High School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Applicant Signature: _____ Date: _____

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.