



PO Box 488, Demopolis, Alabama 36732
(334) 245-9684

JOB APPLICATION

Trinity Innovations, LLC is an equal-opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: (Chef) (Server) (Busser)

How did you hear about this position? _____

What hours or shift are you available for work? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

:

Personal Information

Do you have any friends, relatives, or acquaintances working for Trinity Innovations, LLC If yes, state name & relationship:	Yes	No

Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		

Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations? If yes, please describe accommodations required below.	Yes	No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and were convicted and the disposition of the case:		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Trinity Innovations, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

How many years of experience in the food industry?

AT-WILL EMPLOYMENT

The relationship between you and the Trinity Innovations, LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by Trinity Innovations, LLC. No representative of Trinity Innovations, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive President/ Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____

TRINITY INNOVATIONS LLC.

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize, Trinity Innovations, LLC, and/or its agents to make an independent investigation of my background, social security number, documents presented for employment eligibility, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Trinity Innovations, LLC.

I release Trinity Innovations, LLC. and/or its staff/employees and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (please print)

Maiden Name or Other Names Used

Present Address How Long?

City/State Zip

Former Address How Long?

City/State Zip

*Date of Birth Social Security Number Driver License Number State of License

Signature Date

*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment. Trinity Innovations, LLC, is an Equal Opportunity Employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap, or National Origin.

VOLUNTARY SUPPLEMENTAL DATA SHEET

For Equal Employment Opportunity/Affirmative Action Information

Trinity Innovations, LLC, is asking for your voluntary cooperation in supplying the requested information. We are required by law to maintain Affirmative Action programs and to record this data for compliance. Refusal to provide this information will not eliminate you from consideration for employment or subject you to other adverse treatment. Information obtained will be kept confidential and will only be disclosed for the purpose of identifying work restrictions or at the request of government officials investigating compliance with federal law. This portion of the employment application will not become part of your application/personnel file.

NAME _____ Social Security Number _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____

POSITION APPLYING FOR: _____

GENDER: Male _____ Female: _____

Are you Handicapped?..... Yes No

Are you a Disabled Veteran?.....

If declaring handicap or disabled status, in what way(s) is your ability to perform the job(s) you seek limited?

_ Race/Ethnic Origin: (check one box only)

White (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, and not, specifically included in a another group.)

Black (All persons having origins in any of the black racial groups.)

Asian or Pacific Islands, or Indian subcontinent. (All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Pacific Islands, or Indian subcontinent. This area includes, for example, China, Japan, Korea, India, The Islanders Philippine Islands, or Samoa.)

Hispanic (All persons of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)

American (All persons having origins in any of the original peoples of North America.) Indian or Alaskan natives.

Signature: _____ Date: _____

APPLICATION: Please check the appropriate box.

REFERRAL SOURCE: Advertisement Friend Relative Internet
 Employment Agency Walk-in Other

For Office Use Only	Applicants DO NOT write below this line
<p>Received:</p> <p>Date: _____ Time: _____</p>	<p>Forwarded to:</p> <p>_____</p> <p>Date: _____</p>
<p>Interview: <input type="checkbox"/> Yes</p> <p>No <input type="checkbox"/></p> <p>Date: _____ Time: _____</p>	<p>Verification Checks Required</p> <p>_____ DMV _____ Criminal</p> <p>_____ SSN _____ Education</p> <p>_____ Credit _____ Employers</p> <p>_____ Drug _____ Physical</p>
<p>Start Date: _____ Rate: _____</p> <p>Position:</p> <p>CEO/Mgr. Signature:</p>	