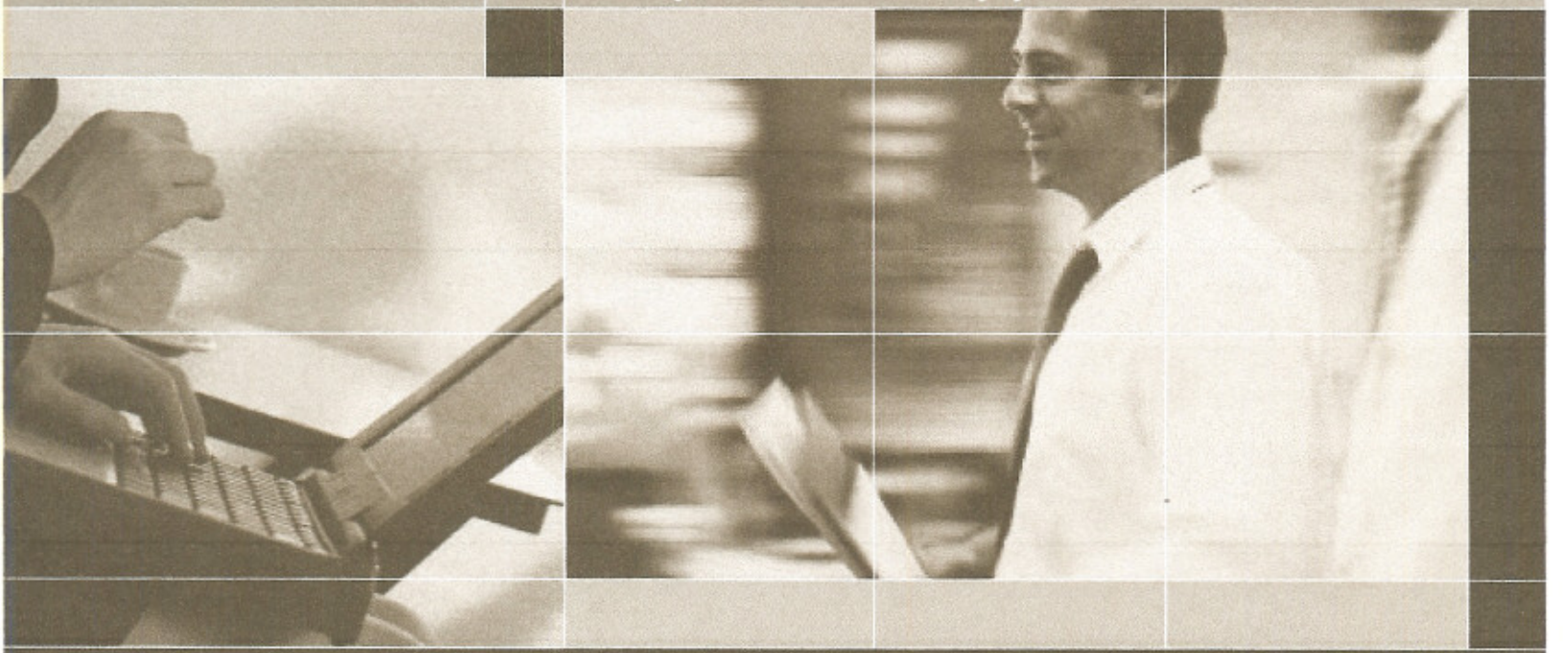
Employment Application



We appreciate the opportunity to review your qualifications for employment with the company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for 30 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

Thank You

Applicant Name:

© 2006 ADP, Inc.

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

COMPANY NAME: TRIBOND, LLC

POSITION APPLIED FOR: _____ **DATE:** _____

PERSONAL DATA:

Salary expectations: _____

EMAIL ADDRESS

Last Name | First | Middle | Social Security Number

Street Address | City | State/Zip Code | Telephone Number

If you are under 18 years of age, please specify your age here _____. This information will be used only for child labor law purposes.

Are there any days, shifts or hours you will not work? _____ If yes, please explain: _____

Are you available for out of town work? _____ Will you work overtime, if required? _____

When will you be able to start work? _____

Have you taken any illegal drugs in the last 30 days? _____

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes ☐ No ☐

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action: _____

How did you learn of our Company? _____

If referral, who were you referred by? _____

Have you ever applied or worked here before? Yes ☐ No ☐ If yes, provide dates: _____

Have you ever applied or worked at our Company before? Yes ☐ No ☐ If yes, provide dates: _____

Are you legally authorized to work in the United States? Yes ☐ No ☐

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? Yes ☐ No ☐

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

© 2006 ADP, Inc.

DRIVING RECORD (Answer only if driving is a requirement of the job for which you are applying)

Do you have a valid drivers license? Yes ☐ No ☐ State_____ License No.: _____

Have you had any tickets? Yes ☐ No ☐ If yes, please explain: _____

_____

Has your license ever been suspended or revoked? Yes ☐ No ☐ If yes, please explain:_____

_____

Note for Massachusetts applicants ONLY: In the following question, the reference to DUI/DWI includes OUI. You are only required to list convictions within the past 5 years.

Do you have any DUI or DWI convictions? Yes ☐ No ☐ If yes, please state when you were convicted and explain: _____

_____

RESIDENCES: (Please provide your addresses of residence for the past seven years beginning with the most recent address.)

Street Address	City, State and Zip Code	From	To
Street Address	City, State and Zip Code	From	To
Street Address	City, State and Zip Code	From	To
Street Address	City, State and Zip Code	From	To
Street Address	City, State and Zip Code	From	To

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated?		If no Degree, Credits earned	Type of Degree Received or Expected	Major	Minor	Grade Point
	Yes	No					Overall GPA
High School							
College or University							
Technical/GED							
Licenses/Certifications/Other							

© 2006 ADP, Inc.

EMPLOYMENT HISTORY:

(Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis.)

Company Name			Tel #	
Address			Dates Employed	From / To
Name of Supervisor	May we contact? Yes ❑ No ❑		Rate of Pay	Start / Last
State job titles and describe job duties			Reason For Leaving	

Company Name			Tel #	
Address			Dates Employed	From / To
Name of Supervisor	May we contact? Yes ❑ No ❑		Rate of Pay	Start / Last
State job titles and describe job duties			Reason For Leaving	

Company Name			Tel #	
Address			Dates Employed	From / To
Name of Supervisor	May we contact? Yes ❑ No ❑		Rate of Pay	Start / Last
State job titles and describe job duties			Reason For Leaving	

Company Name			Tel #	
Address			Dates Employed	From / To
Name of Supervisor	May we contact? Yes ❑ No ❑		Rate of Pay	Start / Last
State job titles and describe job duties			Reason For Leaving	

© 2006 ADP, Inc.

REFERENCES: (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

Please explain any gaps in your employment history. _____

_____

_____

Have you ever been discharged or forced to resign? Yes ☐ No ☐ If yes, explain: _____

_____

Did you receive any discipline in the last 12 months of active employment? Yes ☐ No ☐ If yes, please explain:_____

_____

Were you given a performance evaluation within the last 12 months of active employment? Yes ☐ No ☐ If yes, what was the range of scores used and what was your score? _____

_____

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? Yes ☐ No ☐ If yes, please explain:_____

(You may be required to furnish a copy of the agreement)

MILITARY SERVICE: (Complete only if you served in the military)

Branch of Service:_____ Number of Years/Months of Service: _____

Rank at Discharge:_____ Date of Discharge:_____ Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the job applied for:_____

_____

_____

LIE DETECTOR TESTS

Massachusetts Applicants Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Maryland Applicants Only: An employer may not require or demand, as a condition of prospective employment or continued employment, an individual submit to or take a lie detector or similar tests. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding $100. I have read and acknowledge this notice:

Applicant's Signature: _____

© 2006 ADP, Inc.

1. Have you been convicted of a felony within the last seven years?

   Yes ☐ No ☐ Date of Conviction:_____

2. Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or an offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime?

   Yes ☐ No ☐

3. Have you been convicted of or completed a period of incarceration within the past five years for any misdemeanor?

   Yes ☐ No ☐

   If the answer to the above question is "yes", please state whether you were convicted more than five years ago for any offense?

   Yes ☐ No ☐

4. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe your criminal conviction(s) including penalty (ies) imposed, listing the nature of your offense(s), and your rehabilitation since the conviction(s). _____

   _____

   _____

   _____

© 2006 ADP, Inc.

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.☐

Signature:_____ Date: _____

© 2006 ADP, Inc.