

Trinity Services, LLC
801 E Broad Ave Suite 12
Rockingham, NC 28379
Phone: (910) 895-6270 Fax: (888)622-5121

Checklist for Applicants:

- ✓ Copy of a Valid Driver's License
- ✓ Copy of Current and Valid Car Insurance and Registration
- ✓ Copy Social Security Card (Front and Back)
- ✓ Current TB Skin Test
- ✓ Copy of High School Diploma
- ✓ Copy of College Degree
- ✓ Copy of Official Sealed College Transcript
- ✓ Criminal Background Check Release Form
- ✓ 3 Professional Letters of References (Must include Letterhead)
- ✓ Fingerprint Record
- ✓ Copy of any current trainings
- ✓ Resume and Cover Letter (A copy must be received electronically)

**All items must be received before even being considered for
any vacant position.**

Trinity Services, LLC

Employee Statement Criminal Release Form

I have read the section on criminal history checks and understand the purpose and procedures as stated. I agree to participate in the procedures and grant my permission for the results to be disclosed to the employer, Trinity Services, LLC. I understand the criminal history and Health Care Registry check will be completed as a condition of employment.

Trinity Services, LLC agree to use the information from the state criminal history check only to verify information on my application for employment or statements I have made in regard to my employment. Trinity Services, LLC further agrees that this information will not be released without my written permission unless Trinity Services, LLC are authorized by law to release this information. A decision of employment will be made in accordance with Trinity Services, LLC criminal policy and the information received from the state's criminal history check in accordance with the Freedom of Information Act.

I hereby release my employer, its directors, officers, employees, agents, and contractors from all liability claims and damages whatsoever that I may have for administration of the state's criminal history and Health Care Registry check.

I understand that investigative backgrounds inquires are to be made on me including consumer credit, criminal convictions, motor vehicle, and any other needed reports included for this company. I understand that the company will be requesting information from various state, federal, other agencies and other levels concerning my past activities relating to my driving, credit, criminal, and other experiences as well as claims involving me and insurance companies.

In conclusion, I have read the attachments that define good moral character and testify that I am of good moral character as required by the administrative rules (Public Act 116 of 1973, as amended and Public Act 218 of 1979, as amended). I have not been convicted of nor have any charges pending against me in the areas stated on the attachments. I understand this is a condition of my employment with Trinity Services, LLC.

I hereby consent and authorize Trinity Services, LLC to obtain any needed information to complete my personnel file. The information can be received in its original state, fax, or copied form.

Employee Signature

Date

Supervisor Signature

Date

Trinity Services, LLC

Criminal background checks will be conducted on applicants to determine whether any information exists that indicated that the applicant has been convicted of or pleaded guilty to any of the following violations:

- | | | |
|--|-------------------------------|-------------------------|
| Aggravated Murder | Promoting Prostitution | Murder |
| Prostitution | Voluntary Manslaughter | Procuring Prostitution |
| Involuntary Manslaughter | Felonious Assault | Pandering Obscenity |
| Assault | Robbery | Burglary |
| Illegal use of a Minor | Aggravated Robbery | Patient Abuse |
| Unlawful Abortion | Kidnapping | Endangering Children |
| Abduction | Child Stealing | Domestic Violence |
| Rape | Criminal Child Enticement | Voyeurism |
| Sexual Battery | Carrying a concealed Weapon | Sexual Imposition |
| Trafficking Drugs | Corrupting another with drugs | Adulterated food |
| Public Indecency | Felonious Sexual penetration | Gross sexual imposition |
| Compelling Prostitution | | |
| Disseminating matter harmful to a juvenile | | |
| Pandering Obscenity involving a minor | | |
| Failing to provide for a functionally impaired person | | |
| Offenses against residences or parties of care facilities | | |
| Contributing to the delinquency of children | | |
| Having weapons while under disability | | |
| Improperly discharging a firearm at or into a school/house | | |

Applicants will not be employed if any information from the above list exists for the applicant. Applicants will also be denied employment if the applicant has committed or pleaded guilty to any of the listed offenses, any other major offenses not listed, or if the applicant refuses to submit fingerprints for a criminal background check.

This form will become part of your Personnel File.

Please initial after reading: _____

Federal Regulations (45 CFR 92.35) prohibits the purchasing of goods or services with federal money from vendors or employing persons who have been suspended or debarred by the federal government.

Name: _____

Address: _____

Social Security Number: _____

Date: _____

Signature of Applicant: _____

Search Results: _____ No record found _____ Record Found

Signature of person completing the OIG Search _____

Date: _____

The OIG Exclusions List must be searched prior to acceptance of any application or executive of contact. File the completed for in the applicant’s file or with an executed contract. The OIG List can be searched online at www.hhs.gov/org.

**APPLICATION FOR EMPLOYMENT FOR
Trinity Services, LLC**

An Equal Opportunity Employer

Please print or type using black ink

Date: _____

Last Name	Maiden Name	First Name	Middle	Date of Birth
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Address	City	State	Zip Code
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Home Telephone ()	Alternate Phone ()	Marital Status
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Social Security Number	Drivers License Number	County
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Emergency Contact Person and Contact Phone Number

Position Applied for:	Date available to start work:
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Circle the types of work you will accept:			
Full-time	Part-time	Temporary	Permanent
Circle the shift you would prefer:			
1 st	2 nd	3 rd	

Background History

Please Circle.	
Have you ever been employed by Trinity Services, LLC or its subsidiaries? If yes, give dates employed and position held _____	Yes No
Are you legally eligible for employment for in the United States? (Proof of your legal right to work in the United States will be requested)	Yes No
Do you have a valid driver license? If yes, what is the issuing state? _____	Yes No
Have you ever been convicted of a DWI? If yes, give dates of conviction _____	Yes No

Education

Education: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4				
Schools	Name and Location	Graduate?	Major/Minor Course Work	Type Degree/Date Graduated
High Schools		Yes or No		
College/University		Yes or No		
Graduate or Professional		Yes or No		

Work History

Current or Last Employer	Address	Phone
Job Title	Supervisor Name and Title	Dates Employed ___/___/___ to ___/___/___
Starting Salary/Ending Salary \$_____per yr to \$_____per yr	Reason for Leaving	May we contact your employer? Yes or No
Job Description: _____ _____ _____		

Current or Last Employer	Address	Phone
Job Title	Supervisor Name and Title	Dates Employed ___/___/___ to ___/___/___
Starting Salary/Ending Salary \$_____per yr to \$_____per yr	Reason for Leaving	May we contact your employer? Yes or No
Job Description: _____ _____ _____		

Current or Last Employer	Address	Phone
Job Title	Supervisor Name and Title	Dates Employed ___/___/___ to ___/___/___
Starting Salary/Ending Salary \$_____per yr to \$_____per yr	Reason for Leaving	May we contact your employer? Yes or No
Job Description: _____ _____ _____		

References

References: Please provide the name, address, and telephone number of three references.
(No relatives please)

Name	Address	Telephone Number

PLEASE READ THE BELOW CERTIFICATION OF APPLICATION BEFORE SIGNING.

Certification of Application

I hereby certify that all statements made in this application are true. I understand that any misstatement, misrepresentation, or omission of fact may be cause for my application not to be considered; or if I have been employed, may be cause for my immediate dismissal. I expressly authorize this agency to contact and obtain information from all references, employees, licensing authorities, public agencies, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or job interview. I hereby waive any rights and claims I may have regarding this agency for seeking, gathering, and using such information process and all other persons, corporations, or organizations for furnishing such information about me. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Signature of Applicant _____ **Date** _____

Office Use Only

Interview Date _____

Hire Date _____

Orientation Date _____

Salary _____

Job Position: Accepted _____ Declined _____

Office Use Only

NC Health Care Personnel Registry Check# _____ Date _____

Criminal Background Check Date: _____

Approved _____ Declined _____