

Trayvax Enterprises, LLC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetics or veteran status. In addition to federal law requirements, Trayvax complies with applicable state and local laws governing nondiscrimination. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Trayvax Enterprises, LLC participates in E-Verify. E-Verify is an electronic program through which employers verify the employment eligibility of their employees after hire. The program was authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA).

Job applying:	Today's date:
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PERSONAL INFORMATION

Last name(s):	First Name:	Middle Initial:
Street:		
City:	State:	Zip code:
Cell phone number:	Home phone number:	
Email address:		
Please check-off your preferred contact method: <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Home <input type="checkbox"/> Email		Is it OK to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL

Our typical schedule is Monday – Thursday 7:00am-5:30pm, are you available to work this schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if you are generally available to work the following:	<input type="checkbox"/> Fridays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays
Have you applied or worked with us before?	<input type="checkbox"/> Yes (when & where: _____) <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know anyone who works at Trayvax?	<input type="checkbox"/> Yes (who: _____) <input type="checkbox"/> No
How did you learn about this job opening?	
Can you reasonably perform all the functions of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to provide three professional references, when requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RELEVANT EXPERIENCE

Most recently completed education:
Job related skills, abilities, or education (e.g. Computer programs, certifications, manufacturing, Kaizen, etc.)
Volunteer experience (volunteering is important to our company culture, help us find more opportunities to give back.)

EMPLOYMENT EXPERIENCE (List your employment history, starting with the most recent.)		
1 st Employer:	Telephone number:	From (Mo/Yr):
Address:		To (Mo/Yr):
Your title:	How many people did you supervise?	Hours per week:
Related responsibilities:		
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Employer:	Telephone number:	From (Mo/Yr):
Address:		To (Mo/Yr):
Your title:	How many people did you supervise?	Hours per week:
Related responsibilities:		
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd Employer:	Telephone number:	From (Mo/Yr):
Address:		To (Mo/Yr):
Your title:	How many people did you supervise?	Hours per week:
Related responsibilities:		
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY	
Are you a Veteran of the U.S. Armed Forces? <i>Engaged in active duty (including basic training) in the Army, Navy, Air Force, Marines, or Coast Guard, or are a National Guard or Reserve enlistee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duty/specialized training? _____	

SIGNATURES	
<p>Authority to Release Information: <i>By my signature, I consent to the release of information to duly authorized officers, agents and/or employees of Trayvax Enterprises, LLC. This may include, but not be limited to, information concerning my past and present work including my attendance, evaluations, educational records, military service, law enforcement records, and/or any personnel record deemed necessary to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.</i></p> <p>Certification of Applicant: <i>By my signature, I affirm, agree and/or understand that all statements on this application or attachments are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application or attachments may result in exclusion from further consideration or, if hired, termination of employment.</i></p>	
SIGNATURE:	DATE: