



Employment Application Process

APPLICATIONS: The application must be filled out completely and clearly show that the minimum requirements are met. Applicants are invited to submit a letter of interest and professional resume (2 pages maximum) **in addition** to the completed application.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND INVESTIGATION. An applicant's acceptability for any position will be based on the information on his/her application. An application and attachments, once submitted, cannot be returned. Thorough background investigations will be conducted prior to employment.

ALCOHOL/DRUG TEST, MEDICAL, and/or FINGERPRINT REQUIREMENTS: All prospective Trindel employees shall have a pre-employment Alcohol/Drug test. (A diluted specimen will be considered a positive reading). A medical screening and finger printing may be required before appointment to a position.

EQUAL OPPORTUNITY: Trindel Insurance Fund is an equal opportunity employer, observing Federal, State and Local laws regarding non-discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

SELECTION PROCESS: All applicants who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process; rather, Trindel reserves the right to determine the number of best qualified applicants that may continue the in the process. The process may include, but is not limited to, one or more of the following: application review, competitive screening, written examination, performance examination and/or oral examination as well as the probationary period.

PROBATIONARY PERIODS: If hired, the successful candidate will serve a "Probationary Period." This "job tryout" is the last part of the examination process and will be six months in length. Discharge for any non-discriminatory reason may be made during this period without right to appeal.

DISABLED APPLICANTS who require special testing arrangements should contact Trindel Executive Director's office prior to the filing deadline.

THE PROVISIONS OF THIS BULLETIN DO NOT CONSTITUTE AN EXPRESSED OR IMPLIED CONTRACT; ANY PROVISIONS HEREIN MAY BE MODIFIED OR REVOKED WITHOUT NOTICE.

Trindel Insurance Fund

We are an Equal Opportunity Employer that values the strength of a diverse workplace

This application **must be legible**. Please use a typewriter or print in ink. This application **must be completed in full**. All statements will be subject to verification.

1. POSITION FOR WHICH YOU ARE APPLYING (Give Exact Title as Listed on Job Bulletin)	
2. Name: (Last) _____ (First) _____ (Middle) _____	3. Telephone: Home: _____ Work, cell or message _____ (Please circle one option)
4. Mailing Address (If you move, notify the Trindel Executive Director of your new address & telephone number) Street: _____ City: _____ State: _____ Zip: _____	
5. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU RESPOND "YES" TO QUESTIONS 6 & 7 BELOW, YOU <u>MUST</u> EXPLAIN YOUR RESPONSES IN DETAIL ON ATTACHED SHEETS.	
6. Have you ever been fired or forced to resign from previous employment? Explain the circumstances and list dates on separate sheet. <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Convictions/Criminal Offender Background Checks: All applicants who are offered a position of employment with Trindel Insurance Fund must successfully pass a criminal background check prior to employment. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. Do not include : (a) Any arrest or detention that did not result in conviction, (b) Any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated, (c) Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, (d) Any arrest for which a pretrial or post-trial diversion program has successfully completed, (e) traffic violations under \$200, (f) Convictions more than two years old for violation of Health and Safety Code Sections 11357 (b) or (c) 11360 (b), 11364, 11365 and 11550 as related to marijuana. A. Have you ever been convicted as an adult of a crime other than a minor traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO B. Have you ever been arrested for and charged with a crime for which you are currently out on bail or on your own recognizance pending trial? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES to either of the above questions, attach an additional sheet and give (1) the date, (2) the charge or offense, (3) the City and State, (4) the court, and (5) the action taken. Failure to list all convictions other than those excluded above may disqualify you from further consideration.	
8. Computer Skills <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Database <input type="checkbox"/> Presentation Software <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Programming <input type="checkbox"/> Power Point <input type="checkbox"/> Other _____	
9. Do you possess a valid Driver's License? YES NO CLASS "A" Number: _____ CLASS "B" Number: _____ CLASS "C" * Number: _____ * Standard Driver's License	
10. Title & Number of other licenses, certificates or other credentials. (If space is needed attach additional sheet) Title: _____ License Certificate or Other Credentials: _____	

Number: _____ Exp. Date: _____

11. Education (Check Highest Grade Completed)

High School: 8 9 10 11 12 G.E.D. College: 1 yr. 2 yr. 3 yr. 4 yr. Graduate Work? YES NO

COLLEGES/UNIVERSITIES ATTENDED	LOCATION	UNITS COMPLETE		MAJOR SUBJECT	DEGREE	NUMBER OF YEARS ATTENDED
		SEM	QTR			

Resumes will not be accepted in place of a completed application, however they be attached in addition to Employment Application.

12. EMPLOYMENT HISTORY:

You must respond **completely** to the information requested in this section and cover all the requirements listed in the examination announcement. Show employment for at least last 10 years and explain any gaps in time. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates etc. Additional sheets should be attached to this application when necessary to fully describe related experience, training, and education.

Name of Employer:				Telephone No.:			
Address of Employer: (Street, City, State & Zip)							
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:				Job Title:	
From: / / To: / /							
Total Hours per Months Week		Name and Title of your Supervisor:				May We Contact This Employer? YES NO	
Hourly Weekly Monthly Salary:		Reason for Leaving:					
Name of Employer:				Telephone No.:			
Address of Employer: (Street, City, State & Zip)							
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:				Job Title:	
From: / / To: / /							
Total Hours per Months Week		Name and Title of your Supervisor:				May We Contact This Employer? YES NO	
Hourly Weekly Monthly Salary:		Reason for Leaving:					
Name of Employer:				Telephone No.:			
Address of Employer: (Street, City, State & Zip)							
DATES EMPLOYED Mo Day Yr Mo Day Yr		Description of Duties:				Job Title:	
From: / / To: / /							
Total Hours per Months Week		Name and Title of your Supervisor:				May We Contact This Employer? YES NO	
Hourly Weekly Monthly Salary:		Reason for Leaving:					

Monthly Salary:					
Name of Employer:				Telephone No.:	
Address of Employer: <i>(Street, City, State & Zip)</i>					
DATES EMPLOYED Mo Day Yr Mo Day Yr From: / / To: / /			Description of Duties:		Job Title:
Total Hours per Months Week			Name and Title of your Supervisor:		May We Contact This Employer? YES NO
Hourly Weekly Monthly Salary:			Reason for Leaving:		
Address of Employer: <i>(Street, City, State & Zip)</i>					

13. CERTIFICATE OF APPLICANT *(Read Carefully Before Signing)*

I hereby certify that all statements made in this application are true and correct. I understand that this application will be used in determining my qualifications to advance to further stages of competition. I authorize investigation of all matters contained in this application. I agree and understand any miss-statement or omission of material fact on this application will cause forfeiture, on my part, of all rights of employment with Trindel Insurance Fund. I further agree to be fingerprinted, submit to an Alcohol & Drug test and/or a complete medical examination and to furnish such proof of meeting the conditions of employment as may be required. An Illegible and/or incomplete application may be rejected at the discretion of Trindel Insurance Fund.

I understand Trindel Insurance Fund may check my credit or other public records. By marking this box, I request to review copies of these records if they are obtained.

Applicant Name: _____

Signature: _____ Date: _____

Trindel Insurance Fund

Authorization to Release Information

I have applied for a position with Trindel Insurance Fund. I understand and agree that part of the employment decision process is an investigation and verification of information I have provided or will provide in my application for employment and during my employment interviews. I understand that these investigations will be conducted by Trindel Insurance Fund and/or its authorized agents to assist Trindel Insurance Fund in determining my qualification for the position I am seeking.

I request and authorize you to furnish Trindel Insurance Fund, or its designated representatives, any and all personnel records and information, whether or not such information is maintained by you in writing that you may have including my work record, performance evaluations, and disciplinary matters. Such information shall include but not be limited to all of the circumstances surrounding any termination/cessation of my employment with you or with any other employer. This release shall supersede any agreement I might have with you to not disclose information concerning my employment.

I release and hold harmless you, your officers, and employees, Trindel Insurance Fund and its officers and employees from any and all liability and damage, which may result from furnishing the information requested above.

This authorization is a continuing one; if I am hired by Trindel Insurance Fund, it shall remain in effect during the entire period of my employment and may be used by Trindel at any time it deems appropriate.

I further agree that a copy of this release may be treated as conveying the same authority as the signed original.

Applicant's Name (please print): _____

Applicant's Signature: _____ *Date*: _____

Position Sought: _____