




# Employment Application



An Equal Opportunity Employer

	Dates Attended	Did you Graduate?	Degree/Diploma?
<b>High School</b> Name _____ Address _____ City _____ State _____ Zip _____			
<b>College/ University</b> Name _____ Address _____ City _____ State _____ Zip _____			
<b>Vocational/ Business</b> Name _____ Address _____ City _____ State _____ Zip _____			



*carpe diem*  
Seize the day

How do you find purpose in everyday?

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## Employment History

List below all present and past employment starting with your most recent employer (last four years is sufficient). Account for all periods of unemployment. If you have a resume, please fill out the information below AND attach your resume. (You must complete this section even if attaching a resume.)

Employer Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Dates of employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Position and duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?.....Yes No

Employer Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Dates of employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Position and duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?.....Yes No

Employer Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Dates of employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Position and duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?.....Yes No



## Grab an Oar

**At Triton we lead side by side, everyone's job is critical and we can all learn from each other. Give an example of a time you have lead side by side.**


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1. I understand and agree that the Company may conduct an investigation into my background for the purposes of verifying the information I have furnished in my application for employment, related papers and/or oral interviews or making other employment related decisions affecting me, including, but not limited to, information from previous employers, references, school records, driving records, and any criminal records. I further understand and agree that the Company may engage the services of a third party service provider, such as a consumer reporting agency to gather some or all of this background information.
2. I hereby voluntarily and knowingly authorize and request any current or former employer or other persons or organizations having knowledge about me to furnish the Company to use in connection with my application for or retention of employment, or any other employment-related decisions affecting me.
3. I also agree to execute, as a condition of employment or a condition of continued employment, and additional written authorizations necessary for the Company to obtain access to and copies of records pertaining to any background investigation it may undertake.
4. Further, I hereby release from liability and hold harmless all persons, companies, public entities, and any other organizations or entities, as well as the Company and its employees, agents or representatives from any and all causes of action that might arise from supplying, receiving, and using information about me pursuant to this Authorization and Release.
5. I understand that falsification or misrepresentation of any data provided in my application for employment, related papers and/or oral interviews, or information which may be discovered as a result of any background investigation the Company may undertake pursuant to the Authorization and Release, may result in refusal of employment, or if employed termination from employment. I further understand that E-Verify will be used to establish both identity and employment authorization.
6. In addition, I understand that a pre-employment drug screen is required as Triton Investments, Inc. is a "drug free workplace".
7. In the event an employee/employer relationship is established, I understand that employment with Triton Investments, Inc. is "at will", which means that the employee may resign at any time and Triton Investments, Inc. may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless Amy Babcock, President, specifically acknowledges the change in writing.
8. By signed my name below, I certify that the answers given in this application for employment are true, correct and complete.
9. A photocopy or facsimile of this Authorization and Release shall be valid as the original.
10. By signing below I authorize Triton Investments to share any of my information company wide for newsletters, and informational purposes etc.



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Applicants Printed Name

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Applicants Signature

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Date