



APPLICATION FOR EMPLOYMENT

Date _____

As an equal opportunity employer, Triple Play, Inc does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, gender, age, disability, religion or national origin.

PERSONAL INFORMATION

Print Full Name: _____ Home phone: () _____
 Message Phone: _____ Cell Phone: _____ Fax: _____
 Current Address: _____ City: _____ St. _____ Zip _____
 Previous Address: _____ City: _____ St _____ Zip _____
 Length of time at current address: _____ Length of time at previous address: _____

Position you are applying for: _____ How many hours/week are you available to work? _____
 Hours available each day: SUN: _____ MON: _____ TUE: _____ WED: _____ THUR: _____
 FRI: _____ SAT: _____

EMPLOYMENT HISTORY

List employment starting with your most recent positions. Account for any time during this period in which you were unemployed by stating the nature of your activities.

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

Company: _____ From: _____ To: _____ Wage: _____
 Address: _____ City: _____ St. _____ Zip: _____
 Supervisor: _____ Reason for leaving _____
 Duties Performed: _____ Phone: _____

Company: _____ From: _____ To: _____ Wage: _____
 Address: _____ City: _____ St. _____ Zip: _____
 Supervisor: _____ Reason for leaving _____
 Duties Performed: _____ Phone: _____

Company: _____ From: _____ To: _____ Wage: _____
 Address: _____ City: _____ St. _____ Zip: _____
 Supervisor: _____ Reason for leaving _____
 Duties Performed: _____ Phone: _____

EDUCATION

HIGH SCHOOL _____ City: _____ ST _____
 Number of years completed: _____ Graduated: _____ GPA: _____ Activities: _____
 _____ Dates Attended – From _____ To _____

COLLEGE: _____ City: _____ ST _____
 Number of Years Completed: _____ Graduated: _____ GPA: _____ Courses Taken: _____
 _____ Dates Attended – From _____ To _____

OTHER: _____ City: _____ ST _____
 Number of Years Completed: _____ Graduated: _____ GPA: _____ Courses Taken: _____
 _____ Dates Attended – From _____ To _____

EXPERTISE/HELPFUL SKILLS

MISCELLANEOUS

What form of transportation do you have available to you? _____

Who referred you to Triple Play? _____ List Friends or relatives presently employed by Triple Play _____ Which position, if any, would you prefer to not be considered for? _____

Wage you need in order to accept employment: _____

Are you at least 16 years old? _____ Are you at least 19 years of age? _____ If 19 years or older, are you willing to sell beer or wine? _____ During the next 12 months will you need to be absent from work for more than one week? _____ If so, when? _____

Have you ever been convicted of a felony? _____ If "yes", please explain: _____

(conviction of a crime does not automatically disqualify an applicant from consideration)

Do you suffer from any medical conditions or have any physical, mental or legal concerns which would require assistance for you to perform or which would prevent you from being able to perform any of the following tasks?

Handling cashier sales: _____ cooking: _____ Hosting children's parties: _____ Fixing mechanical equipment: _____ dumping trash containers: _____ cleaning restrooms: _____ other: _____

REFERENCES

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Emergency Contact Person: _____ Home Phone: () _____

Work Phone: _____ Cell Phone: _____

Relationship to you: _____ Place of Employment _____ City: _____

Home Address: _____ City _____ ST _____ Zip _____

PLEASE READ THIS STATEMENT CAREFULLY

I hereby Affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification will be grounds for immediate dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, educational background, and criminal record, whichever may be applicable. I understand that this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. It is my understanding that any falsification or omission either on this form or in my responses to questions asked during any interview or other examination process is grounds for immediate termination of my employment regardless when the falsification or omission is discovered.

Social Security # _____

Have you gone by a different name in the past? _____ If "yes," please explain: _____

SIGNATURE: _____

Legal Guardian Signature if Under 18: _____ Date: _____

TRIPLE PLAY

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.* I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: _____ **Date:** _____

Please PRINT clearly: Position applied for: _____

Name: _____ Maiden / AKA: _____
First Middle Last

Soc. Sec. #: _____ *Sex: _____ *Race: _____ *Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: _____ License #: _____ State held: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01