TRUSTPOINT EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE								
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS								
PLEASE COMPLETE PAGES 1-5.				Date:				
Name:								
Last	First Middle		Maiden					
Present Address:								
Number	Street	Ci	ty	St	tate Z	ip		
How Long:	Date of Birth:							
Telephone:		E-Mail:						
If under 18, please list	age:							
Position Applied For:				Days/	Hours Available	to Work:		
Salary Desired:				No Pro				
				Mon Tue	Fri Sat			
				Wed	Sat Sun			
How many hours can you work weekly? Can you w			Can you work	a nights	?			
Employment Desired: FULL-TIME ONLY FULL- OR PART-TIME				T-TIME				
When available for wo	rk?							
	EDUCATI	ON & OTH	ER INFORMATI	ON				
TYPE OF SCHOOL	PE OF SCHOOL NAME OF LOCATION NO. OF		NO. OF	MAJOR &				
	SCHOOL	(Comple	ete mailing add	ress)	YEARS COMPLETED	DEGREE		
High School	I							
College	I							
Bus. or Trade School	1	1						
Professional School								
		1						

Have you ever been convicted of a crime?	No Yes					
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently						
such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.						
Do you have a driver's license? Yes No						
What is your means of transportation to work?						
Driver's License Number: State of issue:						
Expiration Date:						
Have you had any accidents during the past thre	e years? How many?					
Have you had any moving violations during the p	ast three years? How Many?					
OFFIC	E ONLY					
	in Maria					
Typing Yes No WPM Yes	es Word Y No Processing N <u>WPM:</u>					
Personal 0 Yes PC 0 Other Skills:						
Computer 0 No Mac 0	13.					
Please list four references other than relatives or previous employers.						
Name:	Name:					
Position:	Position:					
Company:	Company:					
Address:	Address:					
Telephone:	Telephone:					
Name:	Name:					
Position:	Position:					
Company:	Company:					
Address:	Address:					
Televisor	Talanhama					
Telephone:	Telephone:					

			e applying.			
	MILITARY					
lave you ever been in	the armed forces?	Yes No				
re you now a member	of the national guard?					
-	_	Yes No				
specialty	Date Entered	Discharge Dat	e			
Work Experience	Work ExperiencePlease list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.					
	Job One					
Name of Employer:	Name of Last Supervis	or Employment Dates	Salary			
Complete Address:		From:	Start:			
omplete Address.		To:	Final:			
		10.				
hone Number:	Your Last Job Title:					
leason for Leaving (be	specific):					
May we contact your	present employer? YES	6 NO				
		<u> </u>				
List the jobs you held, while you worked at th	duties performed, skills used or le his company.	earned, advancements or p	promotions			
	· ·					
	Job Two		Calaura			
Name of Employer:	Job Two Name of Last Supervise	Employment Dates	Salary			
Name of Employer: Complete Address:		or: Employment Dates From:	Start:			
		Employment Dates	-			
Complete Address:		From:	Start:			
Complete Address: Phone Number:	Name of Last Supervise Your Last Job Title:	From:	Start:			
	Name of Last Supervise Your Last Job Title:	From:	Start:			
Complete Address: Phone Number: Reason for Leaving (be ist the jobs you held, o	Name of Last Supervise Your Last Job Title: e specific): duties performed, skills used or le	To:	Start: Final:			
Complete Address: Phone Number: Reason for Leaving (be	Name of Last Supervise Your Last Job Title: e specific): duties performed, skills used or le	To:	Start: Final:			

Job Three								
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary					
Complete Address:	From:	Start:						
		то:	Final:					
Phone Number:	Your Last Job Title:							
Reason for Leaving (be specific):								
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.								
	Job Four							
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary					
Complete Address:		From:	Start:					
		то:	Final:					
Phone Number:	Your Last Job Title:		1					
Reason for Leaving (be specific	Reason for Leaving (be specific):							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.								
Did you complete this application yourself?								
Yes No								
If not, who did?								

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by TrustPoint Services (hereinafter called the Company), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements. and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of TrustPoint Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and TrustPoint Services may end the employment relationship at any time, without specified notice or reason. If employed, **I** understand that the

Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice_ I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.