

- Instructions:**
1. Please print clearly with a ball-point pen.
 2. Please complete all information as completely as possible even if you attach a résumé.
 3. Please show all dates numerically (i.e. 01 through 12 for months; last two digits for the year).

This application will remain active for a period of 60 days from the date of receipt of your record. At that time, resubmission is required for you to be considered for openings as they occur.

Personal Data Desired Employment Full-time Part-time

Name First		Middle	Last		
Address Street	City	State	Zip Code	How Long? <small>(if less than 5 yrs. give previous address)</small>	
Previous Address	City	State	Zip Code	How Long?	
Phone Number Home	Work/School		Social Security Number		
E-mail address:					
Applying for position(s) of:		Salary Desired \$	Date available to begin work		

Have you ever been employed by or previously applied to Trilogy?
 If so, please check appropriate box and specify locations(s) and date(s).

Can you, after employment, submit verification of your eligibility to work in the United States? Yes No

How were you referred to Trilogy? State Employment Office Advertisement Search Firm Trilogy Employee College Recruiting Internet Other Indicate name of referral source (i.e. NY Times, Career Mosaic)

If asked to relocate, do you have a geographic preference? Yes No Would not consider relocation

If "Yes", please specify location.

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes No
 If Yes, please provide date(s), offense and location and any other relevant information:

Note: This does include convictions for DWI or DUI, but does not include minor traffic violations. Answering "Yes" to this question does not constitute an automatic bar to employment. Factors, such as age, time of the offense, seriousness, and nature of the crime, will be taken into account. Sealed or expunged records of arrests or convictions need not be disclosed.

Educational Data *If you attended school under a different name, indicate name:*

Name and Address of School	Major / Minor Field of Study	Graduated		Type of Degree Earned: Diploma or Certificate
		Yes	No	
High School	Address			
College/University	Address			
College/University	Address			
Graduate School	Address			
Technical, Business, Other	Address			
Professional Designation(s) received	Designation 1	Designation 2		Designation 3

Special Skills Data If applicable to the position for which you are applying, indicate other skills below (relevant skills, training, awards & recognitions, language fluency).

Employment Data

Please list your employment history for the past ten (10) years or last three (3) employers. Begin with your most recent or present employment and show all employment including volunteer, summer, part-time, or full-time.

Name of Employer	Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No. ()
Address	Position Held	Dates of Employment	
Description of Job Duties		From Month Year	To Month Year
Reason for Leaving		Salary – Starting \$ \$ Base Variable	- Ending \$ \$ Base Variable
Name of Employer	Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No. ()
Address	Position Held	Dates of Employment	
Description of Job Duties		From Month Year	To Month Year
Reason for Leaving		Salary – Starting \$ \$ Base Variable	- Ending \$ \$ Base Variable
Name of Employer	Name and Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No. ()
Address	Position Held	Dates of Employment	
Description of Job Duties		From Month Year	To Month Year
Reason for Leaving		Salary – Starting \$ \$ Base Variable	- Ending \$ \$ Base Variable

Have you ever been terminated or asked to resign from any job? If "Yes", please explain circumstances:

Business References

Name/Title	Relationship	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Direct Report	<input type="checkbox"/> Other	Telephone No. ()
		<input type="checkbox"/> Peer	<input type="checkbox"/> Customer		
Name/Title	Relationship	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Direct Report	<input type="checkbox"/> Other	Telephone No. ()
		<input type="checkbox"/> Peer	<input type="checkbox"/> Customer		
Name/Title	Relationship	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Direct Report	<input type="checkbox"/> Other	Telephone No. ()
		<input type="checkbox"/> Peer	<input type="checkbox"/> Customer		

Certification – Please read carefully before signing.

I certify that the information and statements included in my application for employment are true and complete. I understand that Trilogy will rely upon the information by me in the application process, in deciding whether to hire me. I understand that, if employed, any false statement or omission in this application or during any part of the process whereby Trilogy is considering me for employment may result in my disqualification or dismissal.

I understand and authorize Trilogy and any of its agents, employees or contractors to perform an investigation of all of the information I have provided. This may include, but not necessarily be limited to, prior employment, education, driving record (if appropriate) and criminal conviction history. I hereby fully waive and release any rights or claims I have against Trilogy, its agents, employees, and contractors, as well as any person or entity contracted or providing information as part of the investigation, for any and all claims that may result, directly or indirectly from the use, disclosure or release of any such information, whether the information is favorable or unfavorable to me. I authorize a photocopy or telephone facsimile (FAX) copy to be as valid as the original of this authorization and release.

If offered employment, I further understand that I may be required to undergo a physical examination which will include a medical and worker's compensation

claims history prior to becoming an employee. I further understand that a drug test screening will be required, and that a confirmed positive test result will exclude me from further consideration for employment.

No implied, oral, or written agreements contrary to the express language of this document are valid unless they are in writing and signed by the President of Trilogy. No supervisor or other representative of the Company has any authority to make any agreements to the contrary. This is the entire agreement between Trilogy and the applicant (employee – if hired) regarding the rights of Trilogy or the employee to terminate with or without good cause, and this agreement takes the place of all prior ad contemporaneous agreements, representations, and understandings of the employee (applicant) and Trilogy.

I also understand and acknowledge that my employment is at will and that I can be terminated with or without cause and with or without notice at any time, at the option of Trilogy or myself. I further acknowledge that any Trilogy policy, manual, handbook, publication, procedures or rule that may now or in the future apply to me or my employment is not intended to be contractual or to create a contract of employment, and is not intended to modify my at will relationship with Trilogy.

Signature (Your signature indicates that you have read and you understand the above.)

Date

Print Name

All phases of employment at Trilogy are based strictly upon the qualifications of the individual as related to the work requirements of the position. This policy is applied without regard to race, sex, religion, national origin, ancestry, age, disability, veteran status, or marital status.

Trilogy Communications, Inc. Is an Equal Opportunity Employer

VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name _____

Job Applied for _____ (required)

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Please indicate your preference I wish to furnish this information I do not wish to furnish this information

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information nor on whether you choose to furnish it. The Voluntary Information Sheet will be kept in a confidential file separate from the Employment Application. Please indicate your preferences by placing an "x" in the appropriate boxes.

1. **GENDER:** _____ Male _____ Female

2. **RACE/ETHNICITY:** Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

3. **VETERAN STATUS** – Check all that apply:

- Eligible or Protected Veterans – Check here if you are a recently separated veteran, other protected veteran, or an Armed Forces service medal veteran. "Other protected veteran" means veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Disabled Veteran – (1) A veteran who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

4. **DISABILITY STATUS**

- Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment.

Please sign here _____ Date _____