

## Trotter Inc. P.O. Box 158 Arcadia, NE 68815

## **Employment Application**

Trotter Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, national origin, disability or handicap, veteran status, or any other status protected by applicable law.

Please print. Incomplete applications will not be considered for hire.

Personal	First Name	Middle Initial	Last Name		
Address	City		State Zip		
Telephone Number	Message	Phone	Email Address		
Position(s) /Location(s) Applied Fo	r	How were you referred t Advertisement Walk-in			
General Information  Date available for work:  Availability: Full-time Part-time Temporary					
If you are under 18 years of age, can you provide required proof of your eligibility Yes No to work?  Have you ever filled out an application with Trotter Inc. before?  If yes, please give date:					
What is your date of birth?					
Have you ever been employed with Trotter Inc. before?					
Are you currently employed?					
May we contact your present employer for references?					
For purposes of compliance with the Immigration Reform and Control Act, are you Yes No legally eligible to work in the United States?  Under the Immigration Reform and Control Act of 1986, should you be employed you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity and provide documentation to that effect.					
Have you ever been convicted of a etc)	felony? If so, ex	xplain below (i.e. dates, ch	arges, 🗌 Yes 🗌 No		

	voluntary experies your qualifications	nce. Highligh	t vour kno	it job, des wledge, s	cribe all pa kills and a	aid, military and applicable abilities which best demonstra
Employer		Emp	Dates Employed		e Pay	Reason for Leaving
Address	<del>/////////////////////////////////////</del>	From	То	Start	Final	
Tolophono Number(c)	1	;				
Telephone Number(s)  Job Title			Supervisor			
Work Performed (List the jobs you Company.)	neid, daties periorii	neu, skiiis use	au, auvan	cements	or promou	ons while you worked at this
Employer		The state of the s	Dates Bas		se Pay	Reason for Leaving
Address		From	To	Start	Final	
Felephone Number(s)	Job Title		Supe	rvisor		
mployer		Dat Emple	er en principal de la marchia de la compansa de la	Base	Pay	
		From	To	Start	Final	Reason for Leaving
ddress						
elephone Number(s)	Job Title	<u> </u>	Super	visor		
<b>Vork Performed</b> (List the jobs you hompany.)	eld, duties performe	ed, skills use	d, advano	ements o	r promotic	ons while you worked at this
			<del></del>		***********	
mployer		Date Emplo		Base	Pay	Reason for Leaving
				Base Start	Pay Final	Reason for Leaving
mployer ddress elephone Number(s)	Job Title	Emplo	yed	Start		Reason for Leaving

Education	High School	Technical School or Junior College	College	Other		
School Name and Location						
Years Completed (circle highest level completed)	9 10 11 12	1 2	1 2 3 4	1 2 3 4		
Diploma / Degree	□Yes □ No	□Yes □ No	□Yes □ No	□Yes □ No		
Major Course(s) of Study						
U.S. Military Service Have you ever had any job-related training in the United States military?  Yes No  If yes, please describe training/ experience received:						
Summarize special skills and train	ing not listed above:					
Describe honors received:						
List professional, trade, business, or civil activities and offices held. Please indicate any prior military service that you would like considered in connection with your application for employment. You may exclude memberships that may reveal sex, race, religion, national origin, age, or disability or other protected status.						
References						
Name		Business Telephone	Occupation			
Name	1	Business Telephone	Occupation			
Name	Business Telephone Occupation					
Special Skills and Su Qualifications	ımmarize special job other experience.	related skills and qu	alifications acquired	from employment		

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## Notification and Agreement

Applicant Signature

## Please read before signing.

I certify that the answers given herein are true, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to the Manager before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Trotter Inc. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

By signing below, I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of Trotter Inc.'s rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Trotter Inc. or myself. I further understand that no representation, whether oral or written by any representative or agent of Trotter Inc., at any time, can constitute a contract of employment. I understand that Trotter Inc. shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of Trotter Inc. has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by a Company Officer, or to make any agreement contrary to the foregoing.

I understand that if offered a position with Trotter Inc., I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand this application will be considered current for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Date

FOR OFFIC	CE USE ONLY		
	☐ Yes ☐ No		Date Interviewed:
Employed	☐ Yes ☐ No	If Yes, Job Title:	Hire Date: