

If Yes please explain

Application for Employment

	RMATION							
NameFirst			/iddle	Last				
AddressStreet		City		 State	Zip Co	de	How Loi	ng?
		,			·			
Best Contact Phone #					Home	Cell	Other	
Other Contact Phone	#				Home	Cell	Other	N/A
Email								
Are you at least 18 ye	ars of age? Yes	s No If No.	can vou furn	ish a work per	mit?	Yes	No	N/A
Are you prevented fro	· ·	,	•	·			Yes	, No
Proof of citizenship o					······································	• • • • • • • • • • • • • • • • • •		
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Position Desired					_			
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Temporary or Regular Have you worked for, Where	or applied to, a Tril	Mark company bef	Full ore? Da	cime or Part til	me	Position?		
Temporary or Regular Have you worked for, Where	or applied to, a Tril	Mark company bef	ore? Y	ime or Part til	me	Position?		
Temporary or Regular Have you worked for, Where Reason for Leavin	or applied to, a Trilger	Mark company bef	ore? Y	ime or Part til	me	Position?		
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TriMark is an Equal Opportunity Employer. We are dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, sexual orientation, gender identity, religion, national origin, disability, veteran status or other classes protected by applicable federal, state or local law. Reasonable accomodations are available to disabled individuals in connection with the application process. Please inform the Corporate Director of Human Resources, 505 Collins Street, South Attleboro, MA, 02703, 508-399-6000, if assistance is needed to complete this application or other accomodations are required. TriMark also prohibits harassment of applicants or employees based on any of these protected categories. It is also TriMark policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking, including all methods of tobacco delivery, is prohibited in all indoor areas of TriMark unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

Do you have any commitments or agreements with another employer that might affect your employment with us?

Note to Rhode Island Applicants: TriMark is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

Yes

No

EMPLOYMENT HISTORY

A RESUME MAY BE ATTACHED TO SUPPLEMENT THIS APPLICATION. HOWEVER, ALL ITEMS MUST BE COMPLETED, EVEN IF CONTAINED WITHIN A RESUME. **PLEASE DO NOT WRITE "SEE RESUME."** THIS APPLICATION SHOULD ACCOUNT FOR ALL TIME IN THE LAST TEN YEARS AND EXPLAIN ANY AND ALL PERIODS OF UNEMPLOYMENT. ALL ASSIGNMENTS THROUGH TEMPORARY AGENCIES SHOULD BE INDICATED. YOU MAY INCLUDE VOLUNTEER POSITIONS IF YOU WISH.

Supervisor Tel	Current or Last Employer			Supervisor Name		
Last Position Held				l		
Last Position Held	Address					
Describe your major duties and responsibilities Number of employees directly supervised Managerial Professional/Technical Reason for leaving May we contact this employer? Yes No Indicast Employer Supervisor Name Supervisor Tel Supervisor Email Address Street City State Zip Code Last Position Held From To Describe your major duties and responsibilities Number of employees directly supervised Managerial Professional/Technical Reason for leaving Indicast Employer Supervisor Name Supervisor Tel Supervisor Email Address Street City Supervisor Email Address Street City Supervisor Email Address Street City State Zip Code Last Position Held From To Describe your major duties and responsibilities Number of employees directly supervised Managerial Professional/Technical Professional/Technical Number of employees directly supervised Managerial Professional/Technical	Street		City		State	Zip Code
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May we contact this employer? Yes No Ind Last Employer	Number of employees directly supervised	Managerial		Professional/Technical_		
May we contact this employer? Yes No Ind Last Employer	Reason for leaving					
Supervisor Tel Supervisor Email						
Address Street City State Zip Code Last Position Held From To Describe your major duties and responsibilities Number of employees directly supervised Managerial Reason for leaving rd Last Employer Supervisor Name Supervisor Tel Supervisor Email Address Street City State Zip Code Last Position Held From To Describe your major duties and responsibilities Number of employees directly supervised Managerial Professional/Technical Number of employees directly supervised Managerial Professional/Technical	2nd Last Employer			Supervisor Name		
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Reason for leaving	Number of employees directly supervised	Managerial		Professional/Technical_		
	Reason for leaving					

EMPLOYMENT HISTORY CO	NTINUED				
4th Last Employer			Supervisor Name		
Supervisor Tel		Supervisor Email_			
Address					
Street		City			Zip Code
Last Position Held		From		_To	<u></u>
Describe your major duties and	responsibilities				
Number of ampleyons directly	Managarial		Professional/Tashnisal		
	supervised Managerial		Professional/Technical_		<u></u>
Reason for leaving					
LIST THREE BUSINESS REFERENCE	S WHO ARE NOT RELATED TO Y	OU			
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EDUCATION & QUALIFICATI					
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<u>Post-grad</u> 1□ 2□ 3□ 4□ N/A□	Post-Grad Attended: Name, Cit	ty & State			
	egree:				
Other Education:					
EXPERIENCE AND QUALIFICATIONS	S - OTHER				
MSOffice or Equivalent Experie	nce Yes No If Y	es, Please Describe			
Other Computer Experience	Yes No If Yes, Ple	ease Describe			
List any other job-related cours	es, training, licenses, certificatio	ns, special skills no	t shown elsewhere in tl	his applicatior	1
- 					

APPLICANT'S STATEMENT & ACKNOWLEDGEMENT THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the Initial: _____ false answer or omissions are discovered. I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of the Company and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement Initial: for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President, any such agreements must be in writing and signed by the President and by me or my authorized representative. I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working Initial: ___ conditions, job assignments, and compensation rates will be subject to change by TriMark. I understand that if I am offered employment, I may be required to sign a non-compete, non-solicitation and non-Initial: disclosure agreement, as a condition of the employment. I understand that the Company may share the information contained in this application with other employees for Initial: ____ employment and administrative purposes and hereby consent to such transfer. I hereby authorize the Company to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the Initial: requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information. I understand and expressly agree that if employed by the Company, storage areas provided for me, including Initial: ____ lockers, desks, etc, are open to investigation by the Company without prior notice to me. If applicable, I agree to undergo a pre-employment physical examination consistent with federal and state law. Initial: If applicable, I agree to submit to legally permissible drug testing upon an offer of employment from TriMark and Initial: prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test Massachusetts Applicants: I understand that it is unlawful in Massachusetts to require or administer a lie

, ,	erms and conditions stated in this application, which contains all the e topics addressed herein, and supersedes any prior inconsistent
APPLICANT'S SIGNATURE	DATE

IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

subject to criminal penalties and civil liability.

Initial: _____

Initial:

detector test as a condition of employment or continued employment. An employer who violates this law shall be

Maryland Applicants: I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT

ANY INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW

This application will only be considered in connection with the specific position for which you are applying. A separate application must be submitted for every position in which you are interested.