

TRINITY CATERING, INC.
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

For Office Use Only

Position		
Status		
Interview Date		
Rate		

PRINT - FILL IN ALL BLANKS THAT APPLY TO YOU
 (DO NOT MARK "N/A" - IF IT DOES NOT APPLY - LEAVE IT BLANK)

NAME (LIST FULL NAME: first, middle, last) SOCIAL SECURITY NUMBER DATE OF BIRTH (**Age, sex, color, national origin, religion are not factors in employment decisions)

PRESENT ADDRESS (STREET NO.) CITY STATE ZIP CODE

PERMANENT ADDRESS (STREET NO.) CITY STATE ZIP CODE

() HOME PHONE NO. () ALTERNATE PHONE NO. POSITION APPLIED FOR

IN CASE OF EMERGENCY NOTIFY (STREET NO.) CITY STATE ZIP CODE () PHONE NO.

EDUCATION NAME OF HIGH SCHOOL CITY/STATE GRADUATED (Y / N) YEAR LAST ATTENDED

COLLEGE / TRADE CITY/STATE GRADUATED (Y / N) YEAR LAST ATTENDED

MILITARY BRANCH FROM (YR) TO (YR) SPECIALITY LAST RANK DD214 (Y/N)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

EMPLOYMENT HISTORY - LIST MOST RECENT/PRESENT JOB (NO. 1) AND GO BACKWARDS (NO. 2-5) IN REVERSE DATE ORDER.
 LEAVE NO UNEXPLAINED GAPS IN YOUR WORK HISTORY

1	NAME OF EMPLOYER Telephone number	LOCATION	POSITION HELD	EMPLOYED FROM Mo - Yr	EMPLOYED TO Mo - Yr	WAGE RATE	REASON FOR LEAVING
2							
3							
4							
5							

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (EXCLUDING DRIVING VIOLATIONS)? MARK ONE YES NO

IF YES, LIST OFFENSE _____ YEAR OF CONVICTION _____ CURRENT STATUS _____

ARE YOU CURRENTLY CERTIFIED IN THE FOLLOWING (IF SO, MARK AN "X" BY THE SPECIFIC TRAINING):

BP 6 - IN - 1 H₂S NRA ServSafe® PEC CORE SAFE GULF TWIC WATER SURVIVAL/HUET

LIST THREE NON-RELATED REFERENCES

NAME (FML)	ADDRESS (CITY-STATE)	PHONE NO.	OCCUPATION	YRS KNOWN

TRINITY CATERING, INC.
219 Corporate Dr.
Houma, LA. 70360
(985) 872-5355

Under the **Fair Credit Reporting Act**, notice is given that a consumer report or investigative consumer report may be obtained which may include information as to your credit worthiness, character, general reputation, personal characteristics and mode of living. This information may be used for employment purposes. An investigation into your workers' compensation or industrial accident background may also be included.

You authorize any person(s) having knowledge of previous employment, consumer reporting agencies, educational institutions, criminal justice agencies, department of motor vehicles, public agencies, or other persons or agencies having knowledge to release this information. You also release from liability and agree to hold harmless any person or agency that furnishes such information in good faith.

If you are denied employment based wholly or partly because of information contained in a consumer report, as that term is defined by the Fair Credit Reporting Act, a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

Qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, creed, national origin, age, veteran status, or disability that can reasonably be accommodated with undue hardship. This application will be considered current for 60 days from the date completed and signed. To be considered after that time you must reapply in writing. All questions should be fully answered for this application to be considered most effectively.

I certify that all answers given are true and correct to the best of my knowledge. I further understand and consent that statements herein may be investigated and verified in the course of considering this application. Should I become employed, I understand that false or misleading information contained therein may be the basis for immediate discharge.

I understand that all applicants offered employment will be subject to physical examinations and drug screens and that employment, or continued employment may be contingent on these examinations and drug screens and I fully consent to such procedures. By signing this application, I am indicating that I fully understand and agree to be bound by such requirements.

I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

I _____ give my permission for my employment history
(print name)

and /or records to be released to **TRINITY CATERING, INC.**

Signature _____ Date _____

APPLICATIONS WILL BE KEPT ON FILE FOR 60 DAYS

Authorization for release of information
PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW
Trinity Catering, Inc

I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by Trinity Catering, Inc. I authorize Trinity Catering, Inc and its agents to contact any of my previous employers as well as any reference source in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby authorize any person(s) having knowledge thereof to provide such information to Trinity Catering, Inc or its agents, and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I authorize Trinity Catering, Inc and its agents to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release Trinity Catering, Inc and its agents from any liability and agree to hold harmless any employee of Trinity Catering, Inc or its agents who furnishes such information. I further understand that my employment is for no fixed time and just as I am free to resign at any time, Trinity Catering, Inc reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee, officer or agent of Trinity Catering, Inc may bind it by oral or printed statements, including handbooks, benefits books, or bulletins, contrary to the above.

I also declare that I am able to perform all essential functions of the position applied for in this application. I agree that I will submit to a physical, ability, urinalysis, and/or blood or other examination requested by Trinity Catering, Inc at any time prior to or subsequent to my employment. I hereby release Trinity Catering, Inc or its agents from any liability resulting from any of the tests listed above and grant Trinity Catering, Inc full and free access to my medical records from previous employment and/or my personal physician.

Under the provision of the **Fair Credit Reporting Act**, 15 U.S.G. Sec. 1681 et seq. Notice is hereby given that a consumer report or investigative consumer report may be obtained which may include but not limited to: criminal history, civil history, motor vehicle report, work history, workers compensation history, educational history, information to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your worker's compensation or industrial accident background may also be conducted.

You are further advised under said Act that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection 1681 (d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

You are further advised that if you are denied employment, either wholly or in part, because of information contained in a consumer report as that term is defined in the **Fair Credit Reporting Act** that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I have carefully read the information on this form, realize I have had the opportunity to ask questions about it, and understand what it means.

Date of Birth _____

Drivers License No. _____

State of Issue _____

Date of Expiration _____

Social Security No. _____

Signature of Applicant _____

EQUAL OPPORTUNITY EMPLOYER
LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **TRINITY CATERING, INC.** to procure a consumer report and/or investigative consumer report on me. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by Trinity Catering, Inc.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **TRINITY CATERING, INC.** if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **TRINITY CATERING, INC.** by and through and including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release and agree to hold harmless **TRINITY CATERING, INC.** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

Print Name (First.Middle.Last) _____

Signature _____

Maiden Name / Aliases _____

Social Security No. _____ **Daytime Phone** _____

Drivers License No. _____ **State** _____ **Date of Expiration** _____

Date of Birth _____

Provide your address for the last (7) years

(Current) Street _____ **City** _____ **State** ____ **Zip** _____

(Former) Street _____ **City** _____ **State** ____ **Zip** _____

(Former) Street _____ **City** _____ **State** ____ **Zip** _____

(Former) Street _____ **City** _____ **State** ____ **Zip** _____

Have you ever been arrested and/or convicted in a military court martial? **Yes(X)** ____ **No(X)** ____

Have you ever been sanctioned or had your licenses suspended or revoked? **Yes** ____ **No** ____

Are you currently under any investigation or pending charge? **Yes** ____ **No** ____

This information will enable us to properly identify you in the event we find adverse information during the course of our background search

NOTE TO PROSPECTIVE EMPLOYEES

READ THE RELEASE FORM BUT COMPLETE ONLY THE DATE AND SIGNATURE REQUEST IN THE BOX AT THE BOTTOM OF THE PAGE

**TRINITY
CATERING
T (985) 872-5355
F (985) 872-5472**

EMPLOYMENT RELEASE FORM

To:

Dear Employer:

One of your former employees has applied for a position at TRINITY CATERING, INC.. We would appreciate if you would complete the requested information concerning this person's work history and return it to our office at your earliest convenience.

Respectfully yours,

**Trinity Catering, Inc.
Human Resources**

Employee: _____ **Social Security No.** _____

Dates of Employment **Position held** **Is this person eligible for rehire?**
From: _____ To: _____ _____

Date Completed: _____ **By:** _____ **Position:** _____

I hereby authorize, without liability, any person or organization whose name I have given as reference, or by whom I have been previously employed, to furnish TRINITY CATERING, INC. any information this person or organization may have concerning my character, ability, job performance and rehire eligibility. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.

I affirm this statement by my signature.

Date: _____ **Signature:** _____

TRINITY CATERING, INC.
Prospective Employee Acknowledgement

Read and Initial all following information – your initials acknowledge you have been explained and understand the hiring process, physical/ds, work rotations, pay rates and job duties of the position for which you have applied.

Agency _____

Initials	Work Conditions – Responsibilities
_____	I understand all hiring, physical evaluation, job assignments are done in Houma, Louisiana.
_____	I understand I must pass a Physical and Drug Screen. Any previous injuries, surgeries must be explained, doctor's notes, releases may be required. If medication is being taken, I will have it with me.
_____	I understand all job sites are located in the Gulf of Mexico, from Venice, LA to Texas. I am responsible for my own transportation to these job sites (heliports or dock sites)
_____	I understand my work week/day consists of <ul style="list-style-type: none"> • 12 hours per day / 7 days per week = 84 hours (standard work week)
_____	I understand my work schedule could be <ul style="list-style-type: none"> • 14/7 – 14 days offshore / 7 days @ home • 21/7 • 28/14
_____	I understand the per hourly pay rate for my position: Utilityhand, Night Cook or Steward <ul style="list-style-type: none"> • The amount paid is based on 84 hours (40 hours @ straight time & 44 hours @ time-and-one-half) • Pay is from day one – no hold back – no direct deposit to a bank
<i>INITIAL ONLY THE POSITION(S) THAT APPLY TO YOU</i>	
_____	I understand my position as a Utilityhand : Entry level janitorial clean up work <ul style="list-style-type: none"> • Kitchen cleanup: pots, pans, dishes, floors, equipment, walls, making salads, coffee, tea, setting up/breaking down steam lines • Quarters cleanup: bathrooms (toilets, sinks, showers, walls, floors), making up beds, changing out linen, washing work clothes, sweeping, mopping, stripping, waxing, buffing floors, wiping down walls, unloading groceries and laundry
_____	I understand my position as a Nightcook <ul style="list-style-type: none"> • Entry level cook position offshore, working nights • Scratch baking (biscuits, breads, dinner rolls, cakes, pies, pastries) • Scratch cooking following menu directions of day cook/Steward • Direct / manage work crews (1 or more persons) • Completing Utilityhand duties as necessary
_____	I understand my position as a Steward/Relief Steward <ul style="list-style-type: none"> • Catering supervisor – managing Trinity business • Setting menus, ordering groceries, managing food cost • Scratch baking (biscuits, breads, dinner rolls, cakes, pies, pastries) • Scratch cooking based on planned menus • Direct / manage work crews (1 or more persons) • Completing Utilityhand duties as necessary

I understand the listed job duties, responsibilities and conditions concerning my possible employment at Trinity Catering in Houma, Louisiana.

Print Name _____ **Signature** _____