TRUSTED HAND SERVICE, INC. APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Trusted Hand Service, Inc. is committed to a policy of Equal Employment Opportunity, and we will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodations under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Trusted Hand Service, Inc. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Trusted Hand Service, Inc. is subject to the Worker's Compensation laws of the state of Rhode Island. _____ Telephone Number: (_____)_____ Date: _____ Email: _____ _____ Last Name: _____ First Name: ____ City: _____ State: ____ Zip: ____ Street Address: How were you referred to us? (Please check all that apply) □ School □ Newspaper Ad On My Own ☐ Agency ☐ Other ☐ Current Employee Name of referral source: Position that you are applying for: _ Do you wish to work: Full-time Part-time □ Seasonal Check each day you are available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday What is your minimum hourly pay requirement? \$_____ Date available to start work: YES Are you legally eligible for employment in the U.S? NO \square Are you over the age of 18? YES□ NO □ Do you have any commitments that might affect your employment with us? YES NO \square If Yes, please explain: **EMPLOYMENT HISTORY:** Please list your most recent employer first and include any summer job, temporary jobs, and work performed on a volunteer basis. Resumes may not be substituted for completion of the requested employment history section. If necessary, please include additional employment history on a separate piece of paper. May we contact these employers? Position Title/Duties, skills: Employer Name and Address: Start Date: End Date: Reason for leaving: Beg. Pay \$ End Pay \$ Supervisor: Tel#: Per: Employer Name and Address: Position Title/Duties, skills: Start Date: End Date: Reason for leaving: Beg. Pay \$ End Pay \$ Per: Supervisor: Tel#: Position Title/Duties, skills: Start Date: End Date: Employer Name and Address: Reason for leaving: Beg. Pay \$ End Pay \$

Tel#:

Supervisor:

Per:

REFERENCES:

List two personal references who are not relatives or former supervisors:

Name:	Addres	SS:		
Phone:		ation:	Years Known:	
	Addres	SS:		
Phone:	Оссира	ation:	Years Known:	
	EDUCAT	TION:		
Type of School	Name and Address of School Attended	Number of Years Completed	Degree, Major or type of Study	
High School or GED		10 11 12		
College		1 2 3 4		
Graduate School		1 2		
Trade, Business, Night School, or other type of education.				
lave you ever been convicted of a cri	minal offense? YES NO			
Pate(s):				
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ature:				
(An at	firmative answer will not disqualify you from by this company or its subsidiaries?	yes NO	employment)	
	by this company of its subsidiaries?	ies 🗆 No 🗀		
Please include any other information	on that you think will be helpful to us in consider	ering you for employment, such as a	additional work experience, articles/books	
	ents, etc. (Do not include any information indice			
disability.)				
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	SE READ EACH PARAGRAPH			
	n that is relevant and should be considered app			
	le under applicable state and local law, I may b		test after receiving a conditional offer	
	ive a negative result before being permitted to		1	
3. I hereby certify that the information given by me is true in all respects. I authorize Trusted Hand Service Inc. and its representatives to contact my prior				
employers and all others for the purpose of verification of the information I have supplied and I release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.				
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	so contingent on my providing sufficient docum	nentation necessary to establish my ic	dentity and eligibility to work in the United	
States.				
5. I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at wil				
	with or without cause, by either party without prior notice to the other, unless otherwise prohibited by law.			
6. I understand that no representation, whether oral or written, by any representative or agent of Trusted Hand Service, Inc. at any time, can constitute an				
	implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement			
	ied period of time or make any change in any p		rms or condition of employment other than	
in a document signed by the D	rirector of Human Resources or his/her authoriz	zed personnel.		
MY TYPED SIGNATURE I	BELOW IS EVIDENCE THAT I HAVE RE	AD AND AGREE WITH THE AI	BOVE STATEMENTS 1 thru 6.	
Typed Full Name of Applica	 nt			
	<u> TECTOR LAW</u> – "IT IS UNLAWFUL IN MAS	SSACHUSETTS TO REQUIRE OR	ADMINISTER A LIE DETECTOR TEST	
AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT				
TO CRIMINAL PENALITIES		VI. THE EVILLE TER WITE VIOLE		
		EMPLOVER MAY NOT REQUIR	FOR DEMAND AS A CONDITION OF	
MARYLAND LIE DETECTOR LAW – "UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE				
DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO				
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Conduct Investigation. MY TYPED SIGNATURE I	BELOW IS EVIDENCE THAT I HAVE RE.	AD AND AGREE WITH THE AI	BOVE STATEMENTS.	
Typed Full Name of Applica	nt	Date		