



Triune Solutions, LLC

105 Wayne Place S.E. Unit 4

Washington, DC 20032

www.triune-solutions.co | 202-262-1467

Application for Employment/Consultant

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, sexual orientation, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____

DOB: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ (W2-Only) Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Have you ever been convicted of a misdemeanor charge? Yes No

If yes, please explain _____



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Have you ever been convicted of a felony? Yes No

If yes, please explain _____

If yes, please describe conditions. _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____



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Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____



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Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

In the last seven (7) years, have you filed a petition under any chapter of the bankruptcy code?

Yes No (If yes, explain, below; if no, write/type "N/A.")

Have you EVER experienced financial issues due to gambling?

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, have you failed to file or pay Federal, state, or other taxes when required by law?

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

Yes No (If yes, explain, below; if no, write/type "N/A.")



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Are you currently utilizing, or seeking assistance from a credit counseling service or other similar resource to resolve your financial difficulties?

Yes No (If yes, explain, below; if no, write/type "N/A.")

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below):

In the last seven (7) years, you have been delinquent on alimony or child support payments.

Yes No (If yes, explain, below; if no, write/type "N.A.")

In the last seven (7) years, have you had a judgment entered against you? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N.A.")

In the last seven (7) years, have you had a lien placed against your property for failing to pay taxes or other debts? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N.A.")



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You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, have you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, have you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")



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In the last seven (7) years, have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, were you evicted for non-payment?

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, have you had wages, benefits, or assets garnished or attached for any reason?

Yes No (If yes, explain, below; if no, write/type "N/A.")

In the last seven (7) years, were you over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")

Are you currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes No (If yes, explain, below; if no, write/type "N/A.")



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Is there anything else related to your background that may have an effect on granting your security clearance?

Yes No (If yes, explain, below; if no, write/type "N/A.")

Voluntary Disclosures:

Are you a protected veteran? Yes No

Voluntary Self-Identification of Disability

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes:

Yes, I have a disability or have a history/record of having a disability.



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- No, I don't have a disability or a history/record of having a disability.
- I do not wish to answer.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____