

**TRISTAR Capital**6 Hutton Centre, Ste. 850, Santa Ana, CA 92707
800.991.8892 Fax 800.391.2435*An Equal Opportunity Employer***APPLICATION FOR EMPLOYMENT****PERSONAL INFORMATION**Date Name (Last, First Middle) SSN Address Phone **EMPLOYMENT DESIRED**Position Date Available Salary Desired Currently Employed? Yes NoIf yes, may we inquire with your current employer? Yes NoEver applied with this company before? Yes NoWhere? When? Ever worked for this company before? Yes NoWhere? When? Reason for leaving? Last Supervisor at this company Who referred you to this company? **EDUCATION**

School Level	Name and Location of School	# Years Attended	Graduate Y/N?	Subjects Studied
<input type="checkbox"/> High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Business School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> College/University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Graduate School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GENERALSubject of special study or research work Special Training Special Skills **SPECIAL QUESTIONS**Are you legally employable within the United States at the present time? Yes No*Proof of citizenship or immigration status and employment eligibility will be required upon employment.*Have you ever been convicted of a felony or misdemeanor? Yes No Describe *You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.*

FORMER EMPLOYERS

List below, beginning with your most recent, all present and past employment.

Employer 1 Name Type of Business
Address Phone
Dates Employed From To Salary/Wages
Supervisor Name Reason for Leaving
Describe in detail the work you performed:

Employer 2 Name Type of Business
Address Phone
Dates Employed From To Salary/Wages
Supervisor Name Reason for Leaving
Describe in detail the work you performed:

Employer 3 Name Type of Business
Address Phone
Dates Employed From To Salary/Wages
Supervisor Name Reason for Leaving
Describe in detail the work you performed:

REFERENCES

Name	Address/Phone	Business	Years Acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION

PLEASE READ BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING ANY STATEMENTS ON THIS EMPLOYMENT APPLICATION, ASK THEM OF MANAGEMENT PRIOR TO SIGNING THIS APPLICATION.

I certify that the facts and statements in this application are true and correct to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements made, and of references listed, by me herein to give TriStar Capital, LLC or its subsidiaries (The Organization) information important to the consideration of my employment. I hereby release The Organization and all parties considered by it for the purposes above stated, from any liability in connection with the investigation.

In consideration of my employment, I agree to conform to the rules and policies of The Organization. Further, I understand and agree that my employment is "at-will" and that my employment may be terminated by either myself or The Organization at any time with or without cause. It is also understood that no written documents, verbal assurances, or other conduct shall be construed to modify this "at-will" nature of the employment relationship, unless the modification is in an expressly written contract which is signed by me and the President of The Organization.

YOU ARE HEREBY ADVISED THAT AN INVESTIGATIVE BACKGROUND REPORT MAY BE MADE WHICH WILL PROVIDE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

Signature Date