

TRUST Application

Return application by mail TRUST, 9 West Rustic Lodge , Minneapolis, MN 55419 or email trust@trustinc.org
612-827-6159

Name _____ DOB _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ___ Yes ___ No

Highest level of education obtained? _____

Current Employer

Company Name		Telephone		
Address		City	State	Zip code
Position Held	From	To	Supervisor	
Briefly describe your duties				

Previous Employer

Company Name		Telephone		
Address		City	State	Zip code
Position Held	From	To	Supervisor	
Briefly describe your duties				

Previous Employer

Company Name		Telephone		
Address		City	State	Zip code
Position Held	From	To	Supervisor	
Briefly describe your duties				

Skills Inventory
Check out Areas of Interest

Snow Removal

- Shovel walks and driveways
- Remove snows from roof with roof rake
- I have experience using snow blowers
- I have my own snow blower

Painting

- Interior
- Exterior

Plumbing

- Toilet repair
- Faucet repair

Carpentry

- Minor repairs

Electrical

- Minor repairs
- Electric outlets
- Fixtures

Installation

- Locks
- Handrails and grab bars

Lawn and Garden

- Mow lawns
- I have my own mower
- Rake leaves
- Shrub trimming
- Garden work

Home Maintenance and Repair

- Caulking & weatherization
- Repair windows, screens
- Minor cement repair
- Minor appliance repair

Household Chores

- Change storm windows, screens
- Wash windows
- Clean gutters
- Heavy cleaning
- Move heavy objects
- Wash walls, wood work

Housecleaning

- General cleaning (dusting, vacuum, wash floors, clean bathroom/kitchen)
- Clean ovens, refrigerators
- One time cleaning jobs

Please list any other skills:

Days available _____ Hours _____

Transportation (please check) Car Truck Bus

Other _____

Tools and equipment available (please list) _____

Emergency Contact

Name	Relationship	Phone
_____	_____	_____

I certify that this application was completed by me and that all information on this application is true and correct to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts called for will result in disqualification from further consideration or dismissal from the program. I hereby release TRUST and their staff from any liability connected with this service.

Signature _____ Date _____

