



TRIUMPH

Manufacturing LLC

EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

DRUG TEST REQUIRED AS CONDITION OF EMPLOYMENT

PERSONAL DATA
(PLEASE PRINT LEGIBLY)

DATE: _____

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ MESSAGE PHONE: _____

POSITION APPLIED FOR: _____

RATE OF PAY EXPECTED: _____

ARE YOU AVAILABLE FOR FULL TIME OR PART TIME WORK (STATE WHICH): _____

WHEN WILL YOU BE AVAILABLE FOR WORK: _____

CAN YOU WORK ANY SHIFT? YES ___ NO ___ EXTRA HOURS? YES ___ NO ___ WEEKENDS? YES ___ NO ___

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE: YES ___ NO ___

IF YES, INDICATE DATES OF EMPLOYMENT AND POSITION: FROM: _____ TO: _____ POSITION: _____

INDICATE NAME(S) UNDER WHICH YOU WORKED FOR US IF DIFFERENT FROM CURRENT NAME: _____

IF YOU ARE UNDER 18 YEARS OF AGE, STATE CURRENT AGE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS?
YES ___ NO ___

IF YES, PLEASE FULLY EXPLAIN CIRCUMSTANCES AND PROVIDE DATES:

IF APPLYING FOR A DRIVING POSITION, DO YOU HAVE A VALID AND APPROPRIATE LICENSE? YES ___ NO ___

WOULD YOU TAKE A DRUG SUBSTANCE TEST AS A CONDITION OF CONTINUING EMPLOYMENT? YES ___ NO ___

EDUCATIONAL RECORD				
SCHOOL	NAME AND ADDRESS	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL		1 2 3 4	YES ___ NO ___	
COLLEGE OR UNIVERSITY		1 2 3 4	YES ___ NO ___	
OTHER (SPECIFY)		1 2 3 4	YES ___ NO ___	

EMPLOYMENT HISTORY

BEGIN WITH THE MOST RECENT EMPLOYER AND ACCOUNT FOR ALL TIME DURING THE LAST TEN (10) YEARS OR THE LAST FIVE (5) JOBS. INCLUDE ANY SUBSTANTIAL PERIODS OF UNEMPLOYMENT OR SCHOOLING.

DATES OF EMPLOYMENT							
FROM		TO		NAME AND ADDRESS OF EMPLOYER	BRIEFLY DESCRIBE DUTIES	SALARY OR WAGE	REASON FOR LEAVING
MO.	YEAR	MO.	YEAR				
				NAME:		\$ _____	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> DISCHARGED
				ADDRESS:		_____ HOUR	
						_____ WEEK	
				PHONE:		_____ MONTH	
				SUPERVISOR:		_____ YEAR	
				NAME:		\$ _____	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> DISCHARGED
				ADDRESS:		_____ HOUR	
						_____ WEEK	
				PHONE:		_____ MONTH	
				SUPERVISOR:		_____ YEAR	
				NAME:		\$ _____	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> DISCHARGED
				ADDRESS:		_____ HOUR	
						_____ WEEK	
				PHONE:		_____ MONTH	
				SUPERVISOR:		_____ YEAR	
				NAME:		\$ _____	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> DISCHARGED
				ADDRESS:		_____ HOUR	
						_____ WEEK	
				PHONE:		_____ MONTH	
				SUPERVISOR:		_____ YEAR	
				NAME:		\$ _____	<input type="checkbox"/> QUIT <input type="checkbox"/> LAID OFF <input type="checkbox"/> DISCHARGED
				ADDRESS:		_____ HOUR	
						_____ WEEK	
				PHONE:		_____ MONTH	
				SUPERVISOR:		_____ YEAR	

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

WERE YOU IN THE MILITARY SERVICE? YES NO IF YES, WHICH BRANCH?

DATES OF SERVICE: FROM: _____ TO: _____

HAVE YOU EVER BEEN BONDED? YES NO

HAVE YOU EVER BEEN DENIED A BOND? YES NO IF YES, FULLY EXPLAIN:

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY US? YES NO

IF YES, PLEASE GIVE NAME(S) AND RELATIONSHIP: _____

PERSONAL REFERENCES

(LIST THREE (3) REFERENCES. DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1)		
2)		
3)		

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD (EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY OR OTHER PROTECTED STATUS.)

ORGANIZATION	OFFICES HELD

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS. (EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.) _____

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER. _____

PLEASE READ CAREFULLY AND SIGN BELOW

THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE. I UNDERSTAND AND AGREE THAT IF EMPLOYED, AND DURING SUCH PERIOD OF EMPLOYMENT, ANY FALSE STATEMENTS, MISREPRESENTATIONS OF FACTS OR OMISSION HEREIN BECOME KNOWN, WHIRLAWAY MAY TERMINATE MY EMPLOYMENT IMMEDIATELY. I HEREBY AUTHORIZE YOU TO INVESTIGATE MY PERSONAL HISTORY AND TO OBTAIN FROM MY PREVIOUS EMPLOYERS ANY INFORMATION THEY HAVE CONCERNING ME. I AM HEREBY INFORMED THAT AS PART OF THE EMPLOYMENT PROCEDURE AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH MAIL, TELEPHONE AND PERSONAL INTERVIEW WITH PREVIOUS EMPLOYERS, PERSONAL REFERENCES, FRIENDS AND/OR OTHERS WITH WHOM I AM ACQUAINTED OR HAVE BEEN EMPLOYED. THIS INQUIRY IF MADE MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND WORK HABITS. I HEREBY RELEASE SUCH INDIVIDUAL, COMPANY OR INSTITUTION FROM ANY AND ALL LIABILITY WHICH MIGHT OTHERWISE BE INCURRED BY FURNISHING SUCH INFORMATION. I AM FULLY AWARE AND UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY MAY BE SUBJECT TO MEETING THE COMPANY STANDARDS WITH RESPECT TO A PRE-EMPLOYMENT PHYSICAL EXAMINATION AND/OR A PRE-EMPLOYMENT PERSONALITY/PERFORMANCE PROFILE REVIEW AND/OR A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST. IF EMPLOYED, I UNDERSTAND THAT SUCH EMPLOYMENT IS FOR NO SPECIFIC DURATION AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE.

APPLICANT'S SIGNATURE: _____ DATE: _____

COMPLETE THE FOLLOWING SECTION UPON HIRING APPLICANT

APPLICANTS DO NOT WRITE BELOW THIS LINE

(EMPLOYMENT IS CONDITIONAL PENDING SATISFACTORY RESULTS OF ALL PRE-EMPLOYMENT REQUIREMENTS.)

1. DATE OF BIRTH: _____

2. PERSON OR RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP (IF ANY): _____

3. MARITAL STATUS: MARRIED _____ DIVORCED _____ SINGLE _____ WIDOWED _____ SEPARATED _____

4. NAMES AND RELATIONSHIPS OF DEPENDENTS:

NAME	RELATIONSHIP	DATE OF BIRTH

5. I-9 FORM COMPLETED: YES _____ (SEE ATTACHED) NO _____ (EMPLOYEE MUST BE TOLD THAT EMPLOYMENT IS CONDITIONAL)

FOR OFFICE USE ONLY

DATE OF HIRE: _____ FULL-TIME _____ PART-TIME _____

REPORT TO WORK DATE: _____ REPORT TO WORK TIME: _____

JOB TITLE: _____ DEPT. _____

RATE OF PAY: \$ _____ PER: HOUR _____ WEEK _____ SALARY: _____

REGULAR WORK HOURS WILL BE: _____

OTHER INFORMATION: _____

APPROVED FOR HIRING BY: _____ DATE: _____

NEW EMPLOYEE DATA CHECKLIST FOR PAYROLL DEPARTMENT

FEDERAL WITHHOLDING CERTIFICATE - W-4 _____

STATE WITHHOLDING CERTIFICATE - A-4 _____

AUTO-DEPOSIT FORM WITH VOIDED CHECK _____

I-9 FORM _____

DRUG TEST _____