

Trojan Technologies, Inc.

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. If I am employed with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

In accordance with employment-at-will policy, violation of company rules and policies may warrant disciplinary action. Forms of discipline that the company may elect to use include verbal corrections, written warnings, final written warnings, and/or suspensions. The system is not formal, and the company may, at its sole and absolute discretion, deviate from any order of progressive disciplinary actions and utilize whatever form of discipline deemed appropriate under the circumstances, up to and including immediate termination of employment. The company's policy for discipline in no way limits or alters the at-will employment relationship.

I hereby acknowledge that I have read and understood the above statements.

Signature: _____ **Date:** _____

Print Name Here: _____

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, religion, disability, national origin, citizenship status, age or other protected classification. No question on this application is intended to secure information to be sued for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. The company intends to check and hold you responsible for the accuracy of the statements you provide on this application. This application will receive considerations for thirty (30) days. If you have not heard from the company in thirty days, it will be necessary to complete another application form.

Trojan Technologies is committed to providing its employees with a safe and productive work environment and therefore, has implemented a Drug and Alcohol policy which prohibits the illegal use, sale, dispensing, possession or manufacture of drugs, drug paraphernalia, alcohol and firearms while on company business, while driving a company vehicle at any time and while driving any vehicle while on company business.

The Trojan Technologies Drug and Alcohol policy provides for testing for the presence of prohibited substance under the following conditions: 1) Post offer and pre-employment; 2) For cause; 3) Random; 4) When an employee is involved in an "accident," sustains an "injury" or is involved in a "near miss," as each is identified in the Trojan Technologies Drug and Alcohol policy; 5) Upon client demand; 6) Return to duty/ Follow up testing, as recommended by a qualified Substance Abuse Professional; 7) As otherwise required by law.

Name: _____ Date _____

Social Security Number: _____

Address _____
Street City State Zip

Telephone Number: _____ Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No
Will you now or in the future require sponsorship for employment visa status (eg H-1B status)? Yes No

How did you learn of this opening? _____

Have you ever worked for Trojan Technologies or any of its subsidiaries before? Yes No

If you have worked under a different name, please provide that name here. _____

Are there any hours, shifts, or days you cannot or will not work? _____

Shift Preferred: _____ Part-time Full Time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, describe conditions: _____

(A "yes" answer to this question does not necessarily preclude consideration of employment.)

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/Univ.				
College/Univ.				

Other Training/Education: _____

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

POSITION(S) APPLIED FOR: 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

EMPLOYMENT HISTORY

(List employment for the past 10 years, starting with present job. Include military experience.)

If you are presently employed, may we contact your current employer? Yes No

Company Name	Specific Duties
Street Address Telephone	
City, State & Zip	

Job Title	Reason for Leaving	
Supervisor, Phone Number		
Dates Employed From To Salary		
 		
Company Name	Specific Duties	
Street Address Telephone		
City, State & Zip		
Job Title	Reason for Leaving	
Supervisor, Phone Number		
Dates Employed From To Salary		
 		
Company Name	Specific Duties	
Street Address Telephone		
City, State & Zip		
Job Title	Reason for Leaving	
Supervisor, Phone Number		
Dates Employed From To Salary		
 		
Company Name	Specific Duties	
Street Address Telephone		
City, State & Zip		
Job Title	Reason for Leaving	
Supervisor, Phone Number		
Dates Employed From To Salary		

IF YOU NEED ADDITIONAL SPACE TO CONTINUE EMPLOYMENT HISTORY, PLEASE ATTACH A SEPARATE SHEET.

REFERENCES

List 2 people not related to you who have known you for 1 year.

	Name	Address	Business	Years Acquainted
1.				
2.				
3.				

EMPLOYMENT LIMITATIONS:

Is there anything that might prevent you from performing the essential functions of the job (after seeing the job description) with or without reasonable accommodation?

Yes No

If accommodations are necessary, please state them here.
