

Application for Employment



TRANSAXLE MANUFACTURING OF AMERICA

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital, veteran, disability, or any other legally protected status. TMA is an Equal Opportunity/Affirmative Action Employer.

Please read carefully and print.

Date of Application: _____

Position(s) Applied for: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name: _____

LAST
FIRST
MIDDLE

Present Address: _____

NUMBER
STREET
CITY
STATE
ZIP CODE

Previous Address: _____

NUMBER
STREET
CITY
STATE
ZIP CODE

Telephone: (____) _____ Social Security Number _____ - -

AREA CODE

Are you under 18? Yes No

If you are under 18, what is your birth date? _____

Have you filed an application with TMA before? Yes No If Yes, give date _____

Have you ever been employed with TMA before? Yes No If Yes, give date _____

Are you employed now? Yes No

If currently employed, may we contact your current employer? Yes No

Are you a citizen of the United States? Yes No

Are you prevented from lawfully becoming employed in this country Yes No
because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full-Time Part-Time Shift Work Temporary

Are you on layoff and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last seven (7) years? Yes No
(Conviction will not necessarily disqualify applicant from employment. Rather, such factors as date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

If yes, please explain: _____

Employment Experience

List present or most recent job first. You may include volunteer activities if you choose to do so.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Starting	Rate Final	
	Supervisor	Title			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience:

List professional, trade, business or civic activities and offices held:

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities.				

Academic Honors, Prizes or Awards Received:

State any additional information you feel may be helpful to us in considering your application:



Applicant's Statement

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if false or misleading information is given in my application, interview(s), or in any other portion of the hiring process, the Company has a right to reject my application or terminate my employment upon discovery of such falsification.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

If I am offered employment, I agree to undergo a medical examination, including drug testing, and I understand that any offer of employment is contingent upon the results of those examinations. I authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information about me as may be necessary. I also understand that the Company may conduct post-employment drug testing, including random drug testing, for-cause testing, and post-accident drug testing. If I am hired, I consent to such drug testing.

I understand that any employment relationship with the Company is for no fixed period of time and is terminable "at-will" either by me or the Company at any time and for any reason not in violation of the laws, and no representative of the Company other than the President of the Company has authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing and directed to me personally. I further understand that the statements contained in Company policies, handbooks, or other materials do not create any guarantee of employment and that the Company may from time to time modify or terminate existing policies, practices, benefits, plans, or other programs within the limits and requirements imposed by law.

I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that this application shall be considered active for 60 days after I sign it, and that I must reapply with TMA after 60 days to be considered for employment.

Signature of Applicant

Date