



Topura America Fastener, INC.

1070 Monterey Ct.
Bowling Green, KY 42101

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please read the entire application before you answer any questions. Print all information in ink. Answer all questions accurately and completely. **PRINT** "N/A" in any space that does not apply to you. All applicants receive consideration for the position for which they apply and the application will remain active for a period of thirty (30) days. Those applicants not employed within the thirty (30) day period will be required to reapply for employment in writing as job openings occur. **Incomplete applications will not be considered.** THIS APPLICATION BECOMES VOID AFTER SIXTY (60) DAYS.

GENERAL INFORMATION (Please print)

Position Applied for: _____

Date: _____ Full Name: _____

Current Street Address _____ City _____ State _____ Zip Code _____

() _____
Phone Number

State the name(s) of any relative(s) currently working at TAF and your relationship to them: _____

Are you over the age of 18? Yes No If not, state your age: _____

Note: If under 18 years of age, employment is subject to verification of minimum legal age by certificate or work permit.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and upon employment, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work for all employers in the U.S.A. on a full-time basis, or only for your current employer?
 All employers Current employer only

Can you submit legal verification of your authorization to work in the U.S.A? Yes No

Have you ever been employed by TAF? Yes No

If yes, when and what was your reason for leaving? _____

Are you willing to take a pre-employment drug test? Yes No

*Note: At TAF, some positions are required to take a pre-employment math assessment. ALL employees, if hired, are subjected to a background check.

Are you employed now? Yes No If yes, why do you want to change jobs? _____

Shift preferred? 1st (7:00a-3:30p) 2nd (3:00p-11:30p) 3rd (11:00p-7:30a)

Are you willing to work overtime as necessary? Yes No

Date you are available to start: _____

RECORD OF EDUCATION

High School:

Name and Address of School: _____

Dates Attended _____

Diploma? Yes No

Business/Technical School:

Name and Address of School _____

Dates Attended _____

Name & Date Degree Earned _____

Major and Minor Fields of Study: _____

College:

Name and Address of School _____

Dates Attended _____

Name & Date Degree Earned _____

Major and Minor Fields of Study: _____

ACADEMIC ACHIEVEMENTS AND ACTIVITIES

Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (Exclude those indicating race, color, religion, national origin):

PERSONAL REFERENCES (excluding relatives):

1. _____
(Name)

(____) _____
Area Code/Phone No.

2. _____
(Name)

(____) _____
Area Code/Phone No.

3. _____
(Name)

(____) _____
Area Code/Phone No.

PRIOR WORK HISTORY (List last or current employer first.) Account for any gaps in your employment.

Employer Name, Address & Telephone Number	
Job Title	
Supervisor	
Dates Employed From: _____	To: _____
Hourly Rate/Salary Starting: _____	Final: _____
Job Responsibilities	
Reason for Leaving	
Rate your Attendance: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name, Address & Telephone Number	
Job Title	
Supervisor	
Dates Employed From: _____	To: _____
Hourly Rate/Salary Starting: _____	Final: _____
Job Responsibilities	
Reason for Leaving	
Rate your Attendance: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name, Address & Telephone Number	
Job Title	
Supervisor	
Dates Employed From: _____	To: _____
Hourly Rate/Salary Starting: _____	Final: _____
Job Responsibilities	
Reason for Leaving	
Rate your Attendance: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and completed the foregoing Employment Application and confirm the answers therein are true and correct to the best of my knowledge. I have also read and signed the Pre-employment Agreement. I understand and agree to the terms and conditions contained in said Agreement.

Date

Signature of Applicant

PREEMPLOYMENT AGREEMENT

(Please read carefully and then sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination.

2. Any offer of employment I may receive from TAF is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receipt of references it considers satisfactory. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. In consideration of TAF's review of this application, I release TAF, all former employers, and any educational institutions from any liability as a result of furnishing and receiving this reference information.

3. I understand that as a condition of employment, I will be required to undergo and satisfactorily complete any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I further understand and agree that the satisfactory completion of any post-offer pre-employment or post-employment medical examinations does not guarantee initial or continued employment. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to TAF. Failure to sign the necessary consent forms will be deemed a withdrawal of my application for employment.

4. I understand that as a condition of employment, I may also be required to undergo and successfully pass a post-offer pre-employment screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of TAF. I further understand and agree that the successful completion of any post-offer pre-employment or post-employment screening for alcohol and/or drugs does not guarantee initial or continued employment. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to TAF. Failure to sign the necessary consent forms will be deemed a withdrawal of my application for employment.

5. In processing my application for employment, TAF may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, and criminal record. I understand that upon written request to TAF, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation. In addition, the Immigration Reform and Control Act of 1986 requires that, after hire, an employer verify the legal work authorization and identity of all new employees. An offer of employment will depend upon TAF's ability to verify this necessary information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of TAF and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of TAF, other than the President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the President of TAF.

7. TAF considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, TAF complies with applicable state and local laws prohibiting discrimination in employment. TAF also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Date

Complete Signature of Applicant

Print Name