

# Triton Industries, Inc.

## Application for Employment

**EQUAL EMPLOYMENT OPPORTUNITY:** It is the policy of the company not to unlawfully discriminate on the basis of any protection afforded by local, state, or federal statute or regulations.

### PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Home #(s) \_\_\_\_\_ Cell# \_\_\_\_\_

Drivers License# \_\_\_\_\_ State \_\_\_\_\_ Social Security# \_\_\_\_\_

1. Have you filed an application here before?  Yes/No

2. Have you ever been employed here before?  Yes/No

3. Are you employed now?  Yes/No

If yes, where \_\_\_\_\_  
May we contact your present employer?  Yes/No  
Employer's Phone Number \_\_\_\_\_

4. Have you been, or are you currently, enlisted in the Military Service or the armed force of the United States State Militia?  Yes/No  
Any special or technical training from the military?  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you in the Reserves?  Yes/No

6. Reserve commitment dates: \_\_\_\_\_  
\_\_\_\_\_

7. Reserve obligation end date: \_\_\_\_\_

8. If you are not a U.S. citizen, have you the legal right to remain permanently in the U.S.?  Yes/No

9. Have you ever been convicted of a felony?  Yes/No  
If Yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

10. List any friends or relatives working here?  
\_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Other \_\_\_\_\_

If part time please specify days and hours \_\_\_\_\_  
\_\_\_\_\_

Do you have any special training skills, qualifications or other experiences that relate to the position(s) applied for? Welding, machine operations, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential functions of the job for which you have applied, with or without accommodations?  Yes/No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Salary Desired \_\_\_\_\_

Date available to start work \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (List current or most recent job first)

<b><u>Employer</u></b>	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate		
	Start	Final	
Supervisor			
Reason for leaving			

<b><u>Employer</u></b>	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate		
	Start	Final	
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	From	To	
Address			
Job Title	Hourly Rate		
	Start	Final	
Supervisor			
Reason for leaving			

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				
OTHER EDUCATIONAL TRAINING				

**REFERENCES**—List the names of three persons not related to you whom you have known at least one year.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Years Acquainted</i>
1.			
2.			
3.			

**AGREEMENT**

I certify that the facts contained in this application, including my resume or other information which I may have submitted, are true and complete and that I have not withheld any information which may affect my application for employment, to the best of my knowledge. I understand that, if employed, false statements on this application, including my resume or any other information which I may have submitted or interview(s) may subject me to immediate dismissal at any time during my employment. I authorize Triton Industries, Inc. to verify any of the statements set forth above, 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.

I authorize Triton to obtain copies of consumer reports and investigative consumer reports, including, but not limited to, reports regarding my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I acknowledge and understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation as provided by law. I release all parties from any liability whatsoever as a result of any inquiries and/or disclosures described above.

Triton Industries, Inc. is committed to maintaining a DRUG-FREE workplace. Employment is contingent upon successful completion of a pre-employment drug test and medical examination.

I understand that, if employed, I am required to abide by all rules and regulations of Triton. Triton is an equal opportunity employer. Triton Industries, Inc. does not discriminate in violation of any protection afforded by local, state or federal law.

Discrimination, including, but not limited to, sexual harassment is forbidden. Any person experiencing or witnessing discrimination and/or harassment should report it immediately to Human Resources, and they will take appropriate action. If, for some reason, it is uncomfortable for you to report instances of discrimination and/or harassment to Human Resources, you are required to make a report to the President.

I understand and agree that, if hired, my employment is at-will and for no definite period and may be terminated at any time without any prior notice by either Triton or me, for any reason or no reason at all. This provision supersedes any written or oral statements which may have been made as to my potential status if hired, and may not be changed or modified in any way except in writing, signed by the President. I understand that, if hired, Triton also reserves the right to change its rules, regulations and policies and benefits provided employees at Triton sole option and without notice.

Michigan law requires employers to make accommodations to "disabled" applicants and employees. Applicants and/or employees may request an accommodation of their "disability" by notifying the Human Resources Department within Triton, in writing, of the need for accommodation within 182 days of the date the disabled applicant or employee knows or should have known that an accommodation is needed. Failure to properly notify Triton will preclude any claim that Triton failed to accommodate the disabled applicant or employee.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant