



2206 Production Drive
Indianapolis IN 46241
(317) 243-8549 * FAX (317) 243-8780

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

PLEASE PRINT

Date of Application: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

State age, if under 18 years _____

Position(s) applied for _____

Referral Source: (Select one) Advertisement Friend Relative Walk-in
 Employment Agency Other

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you legally eligible for employment in the USA? Yes No
(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 a lay-off and subject to recall? Yes No

Are you related to anyone presently employed here? If so, whom and what relationship?

Have you ever pled guilty to or been convicted of any crime? (Omit minor traffic violations unless you are applying for a job which requires the operation of a motor vehicle. A guilty plea to or conviction of a criminal charge(s) is not an automatic bar to employment. All circumstances will be considered.) If so, state the crime(s), date(s), court(s), and sentence(s). _____

Are there any criminal charges now pending against you? (A pending criminal charge is not an automatic bar to employment. All circumstances will be considered.) If so, state the charge(s), the name of the court(s), and describe the current status.

EDUCATION

Type of School	Name and Address	Major Course or Subject	Last year completed	Did you graduate ?
High School			1 2 3 4	
College			1 2 3 4	
Graduate Work			1 2 3 4	
Trade School			1 2 3 4	
Other			1 2 3 4	

PERSONAL REFERENCES

(Exclude former employers and relatives. List three.)

Name and Occupation	Address	Telephone

PRIOR WORK HISTORY

(List in order, last employer first)

Company Name	Telephone
Address	Employed - (month & year) From To
Name of Supervisor	Weekly Pay Start Last
Position and duties performed:	Reason for leaving:

Company Name	Telephone
Address	Employed - (month & year) From To
Name of Supervisor	Weekly Pay Start Last
Position and duties performed:	Reason for leaving:

Company Name	Telephone
Address	Employed - (month & year) From To
Name of Supervisor	Weekly Pay Start Last
Position and duties performed:	Reason for leaving:

Company Name	Telephone
Address	Employed - (month & year) From To
Name of Supervisor	Weekly Pay Start Last
Position and duties performed:	Reason for leaving:

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

If presently employed, why do you desire a job change?

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with our organization?

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
 Mo. Day Year Mo. Day Year

List duties in the service including special training _____

PLEASE READ CAREFULLY AND SIGN BELOW

I Hereby authorize the investigation of all statements contained in this application. I certify that the information given on this application is true and complete, and I understand and agree that false statements, misrepresentations, or omission of requested facts is sufficient cause for dismissal from employment.

I authorize 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 all liability for any damages that may result from furnishing same to you.

I understand and agree that if I am employed by Triangle Engineering Corporation, the employment relationship will be terminable at will at any time with or without cause by either party, notwithstanding any other oral or written statements by the Company prior to, at, or following date of employment, unless set out in writing, dated and executed by both parties.

I understand that this application will be considered active for a period of six (6) months only.

_____ Signature of Applicant