

# TRAMONT CORPORATION

## EMPLOYMENT APPLICATION

*We are an Equal Opportunity Employer*

### APPLICANT INFORMATION

Name (last, first, middle)		Today's Date	
Address (street, city, state, zip code)		Social Security Number	
Day Phone Number	Evening Phone Number	Position Applying for	
Shift Preference	Full-Time or Part-Time	Salary Preference	Date Available to Start
Are there any other names under which you have worked or attended school? Yes _____ No _____ If yes, please list name(s) here.			
Are you legally authorized to work in the U. S.? Yes _____ No _____ If hired, you will be required to provide proof of work authorization.			
Are you at least 18 years old? Yes _____ No _____ If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes _____ No _____ If yes, answer the following: 1. nature of the crime 2. date of conviction 3. state that conviction occurred <i>Convictions are not an automatic bar to employment.</i>			
Do you have any pending criminal charges against you? Yes _____ No _____ If yes, explain the following: 1. nature of the charges 2. date issued 3. county and state issued			
Have you ever applied at this company before? Yes _____ No _____		Have you ever worked at this company before? Yes _____ No _____	
If you are on layoff, are you subject to recall? Yes _____ No _____		If required for the position, can you travel? Yes _____ No _____	
How were you referred to the company? Agency _____ Walk-In _____ Newspaper _____ School _____ Friend _____ Current Employee _____ Other _____			

### SPECIAL SKILLS

If relevant, please describe experience with computers and other office equipment.

If relevant, please describe experience with manufacturing machines and equipment.

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Tramont Corporation is a drug-free work place. All offers of employment will be contingent upon a negative drug test result.*

## EDUCATION

Type of School	Name Location	Number of Years Attended	Area of Study	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

## TRAINING COURSES

List any relevant training programs you have completed.

Course/Seminar	Sponsoring Organization	Content	Dates Attended

## REQUIRED LICENSES

If required to drive a motor vehicle for the job you are applying, please list your:

Driver License Number

State Issued

Are you licensed with any group, association, or society relating to the job for which you are applying?

Yes    No   If yes, please fill out the information below.

Registration or License Number	State Issued	Expiration Date

# EMPLOYMENT HISTORY

Please list your employment history, starting with the most recent job.

Name of Company	Telephone Number of Company ( )		
Address of Company			
Job Title	Name of Immediate Supervisor		
Description of Duties			
Salary History Starting Wages	Ending Wages	Employment Dates Start (month, year)	to End (month, year)
Reason for Leaving			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Company	Telephone Number of Company ( )		
Address of Company			
Job Title	Name of Immediate Supervisor		
Description of Duties			
Salary History Starting Wages	Ending Wages	Employment Dates Start (month, year)	to End (month, year)
Reason for Leaving			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Company	Telephone Number of Company ( )		
Address of Company			
Job Title	Name of Immediate Supervisor		
Description of Duties			
Salary History Starting Wages	Ending Wages	Employment Dates Start (month, year)	to End (month, year)
Reason for Leaving			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Company	Telephone Number of Company ( )		
Address of Company			
Job Title	Name of Immediate Supervisor		
Description of Duties			
Salary History Starting Wages	Ending Wages	Employment Dates Start (month, year)	to End (month, year)
Reason for Leaving			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EMPLOYMENT REFERENCES

Please list individuals familiar with your job qualifications (no relatives or personal friends).

Name	Address
Daytime Telephone Number (     )	Evening Telephone Number (     )
Relationship	How long known
Name	Address
Daytime Telephone Number (     )	Evening Telephone Number (     )
Relationship	How long known
Name	Address
Daytime Telephone Number (     )	Evening Telephone Number (     )
Relationship	How long known

**Please read carefully before signing this form.**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
  
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
  
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
  
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

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

Date \_\_\_\_\_

**Thank you for your interest in our company.**

## Voluntary Self-Identification Form

The information requested below is used by Tramont Corporation only to maintain records required of employers doing business with the federal government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH TRAMONT CORPORATION. If you choose to respond, any information supplied by you on this voluntary supplement will not affect your employment opportunities with Tramont Corporation, which is an equal employment opportunity employer.

Name of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

Job Applied for \_\_\_\_\_

\_\_\_\_\_ I am willing to disclose this information. If so, please respond below.

\_\_\_\_\_ I do not wish to disclose this information.

### Race/Ethnicity (select one or more)

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ Black or African American

\_\_\_\_\_ White

\_\_\_\_\_ Hispanic or Latino (white race only)

\_\_\_\_\_ Hispanic or Latino (all other races)

### Sex

\_\_\_\_\_ Male

\_\_\_\_\_ Female

# **VOLUNTARY SELF-IDENTIFICATION FORM**

(Disabled Individuals/Special Disabled Veterans/Other Protected Veterans)

Providing the information requested in this form is voluntary and will assist in maintaining affirmative action programs to promote employment opportunities of disabled individuals, special disabled veterans, and other protected veterans. Such disclosure by you will further enable the company to assist you in an appropriate manner concerning your employment. Disclosure or refusal to provide such information will in no way result in adverse treatment. All information regarding your disability will be kept confidential and will be used only in ways consistent with federal reporting requirements, except that (1) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities and disabled-veteran employees, and regarding necessary accommodations; (2) first-aid and safety personnel may be informed, when and to the extent appropriate, if a condition might require emergency treatment; and (3) government officials engaged in enforcing the Americans with Disabilities Act and laws regulating government contractors may be informed.

## **Please indicate the category or categories that apply to you.**

1. **Individual with a Disability** – defined as a person who...
  - A. Has a physical or mental impairment which substantially limits one or more of your major life activities,
  - B. Has a record of such an impairment, or
  - C. Is regarded as having such an impairment.
  
2. **Special Disabled Veteran** – defined as...
  - A. A veteran who is entitled to compensation (or who but for the receipt of Military retirement pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability.
    1. Rated at 30 percent or more, or
    2. Rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap, or
    3. A person who was discharged or released from active duty because of a service connected disability.
  
3. **Veteran of the Vietnam Era** – defined as a person who served more than 180 days of active military, naval, or air service, any part of which was during the period of February 28, 1961 through May 7, 1975; and
  - A. Was discharged or released there with other than a dishonorable discharge, or
  - B. Was discharged or released from active duty because of a service-connected disability.
  
4. **Other Eligible Veterans**
  - A. Veterans who served in a war including veterans with active duty service between December 7, 1941 and April 28, 1952, or
  - B. Veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

List accommodations needed to assist you in performing the essential functions of your job.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_