

# Application for Employment

All qualified applicants will receive consideration for employment regardless of race, color, religion, veteran status, sex, age, national origin, or disability.

All information provided will be properly evaluated so that each application will receive individual consideration.

No one response will necessarily preclude consideration and each application will be reviewed on individual merit.

TD Automotive Compressor Georgia, LLC.  
1000 Valentine Industrial Parkway  
Pendergrass, Georgia 30567

NAME

Last

First

Middle

DATE

# APPLICATION FOR EMPLOYMENT

Please print in ink or type

PERSONAL

Name \_\_\_\_\_ ( )  
Last First Middle Maiden Name

Permanent Address \_\_\_\_\_ ( )  
Number Street City State Zip Code Area Code & Phone No.

Other Address (If Applicable) \_\_\_\_\_ ( )  
Number Street City State Zip Code Area Code & Phone No.

Are you age 18 Or older?  Yes  No

U.S. Citizen?  Yes  No

If "No":  
 Type of visa or residency status \_\_\_\_\_

Foreign countries in which you have employment authorization \_\_\_\_\_

Have you ever been convicted of a crime more serious than a minor traffic violation?  Yes  No

If "Yes" give:  
 Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Sentencing Court, Name, and Location \_\_\_\_\_

EDUCATION

Name	City and State	Last Year Attended	Years Completed	Diploma or Degree	Major	Academic Standing	
						Grade Average	Out of Possible

OBJECTIVE

Type Position: (Check One)  Full Time  Part Time  Temporary  Summer

Please describe your work interest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Starting salary expected \$ \_\_\_\_\_ per \_\_\_\_\_ When are you available to begin work \_\_\_\_\_

EMPLOYMENT RECORD

**Please list all employers, INCLUDING MILITARY SERVICE; students should list all summer and part-time jobs. Begin with your most recent employment.**

Month/Year Start Leave	Employer's Name and Address	Supervisor's Name and Title	Salary per Hour Initial \$ Final \$
Type of Work – Positions Held		Reason for Leaving	
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May we request references from your present employer?     Yes     No  
 If "No", explain

REFERENCES

Name	Occupation	Address	Area Code /Phone No.

SUPPLEMENTAL INFORMATION

List any TD Automotive Compressor Georgia, LLC. (TACG) relatives or friends \_\_\_\_\_

Professional Memberships				
Name of Organization	Type	Dates		Offices Held
		From	To	

Outside Activities	
Activity	Activity

Foreign Language Ability			
Language	Read	Write	Speak

MISCELLANEOUS

Regarding any former employment:

Have you ever been an employee of any subsidiary, affiliate, or division of TOYOTA?  Yes  No

If "Yes", please identify \_\_\_\_\_

Date of employment \_\_\_\_\_

Have you ever applied for work here during the last 12 months?  Yes  No

Would there be any limitation on your availability for travel?  Yes  No

If "Yes", explain \_\_\_\_\_

Do you possess a current driver's license?  Yes  No

Do you possess a current passport?  Yes  No

Are you eligible to obtain a passport?  Yes  No

Please state any other information that you feel would be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

Are there some special circumstances or conditions affecting your employment that you wish to call to the attention of the company?

\_\_\_\_\_

\_\_\_\_\_

Describe special skills you can contribute and what you hope to gain by working at TACG.

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I Hereby Certify that the entries on this form and these and other statements made to the officials of TACG are true and correct. I agree to submit to a physical examination if requested. I also authorize my former employers and other individuals to give any information concerning me, and I hereby release them and their companies from any liability whatsoever. I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE FALSE.

In consideration of my employment, I agree to conform to the rules and regulations of TACG. I understand that my employment and compensation can be terminated without cause or notice at any time at the option of myself or TACG. I understand that no official of TACG other than the President or an Executive Vice President has any authority to authorize an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further understand that no such contrary agreement is valid unless it is in writing and signed by the President or an Executive Vice President.

1. An individual's employment with TD AUTOMOTIVE COMPRESSOR GEORGIA, LLC. will be contingent upon passing a drug screen test as part of a company-provided medical examination.
2. In accordance with federal regulations, employment is also contingent upon proof of identity and eligibility to work in this country.

Signature \_\_\_\_\_ Date \_\_\_\_\_



TD AUTOMOTIVE COMPRESSOR GEORGIA, LLC.
PRESCREENING QUESTIONNAIRE

NAME (PLEASE PRINT): \_\_\_\_\_

DATE: \_\_\_\_\_

What is your preferred shift (hours)?

A Shift (7:00a.m.—3:30p.m.) [ ]

B Shift (7:00p.m.—3:30a.m.) [ ]

Are you available to work either shift? YES [ ] NO [ ]

Are you available to work overtime as needed? YES [ ] NO [ ]

How much notice do you require for overtime?

Same Day [ ] One Day [ ] Other [ ] \_\_\_\_\_

Are you available to work weekend overtime as needed? YES [ ] NO [ ]

Preferred Number of Overtime Hours

Weekly # of Hours \_\_\_\_\_ Daily # of Hours \_\_\_\_\_

During your last year of employment how many days were you absent or tardy? \_\_\_\_\_

How many days do you consider as reasonable to miss work in one year? \_\_\_\_\_

Have you received disciplinary actions in the past year? YES [ ] NO [ ]

EXPLAIN \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have you worked at TACG previously? YES [ ] NO [ ]

EXPLAIN \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\*\*\* ALL QUESTIONS MUST BE ANSWERED \*\*\*