



## Employment Application Form Transtria LLC

	DATE _____
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
Home phone (____) _____ Cell phone (____) _____	
Email _____	
Position applied for _____	Days/hours available to work
and salary desired _____	No Pref _____ Wed _____
	Mon _____ Thur _____
	Tue _____ Fri _____
How many hours can you work weekly? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> VOLUNTEER	
When are available to begin work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	YEARS ATTENDED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**Have you been convicted of a crime involving property, personal injury, or misappropriation of funds?**    No    Yes

If yes, please explain below: (You will not be denied a job solely because of a conviction unless the conviction is related to the job for which you have applied.)

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY APPLICATION FORM WAIVER**

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In exchange for the consideration of my job application by Transtria, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Transtria, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Transtria, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

The information I have provided herein is correct and complete to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated. I authorize the Company to contact previous employers, except where otherwise noted, for reference and verification of statements made. the Company has my authorization to investigate my medical and personal history for job-related purpose. I will not hold any official the Company representative liable for giving or receiving information in this investigation.

I understand that if I am employed by the Company that I may terminate my employment at any time and that the Company may terminate my employment without notice or cause. I agree to abide by the rules and regulations of the Company and I understand that no department head or the Company official, other than the President of the Company has any authority to enter into any agreement, verbal or written, concerning length of employment, wages, benefits or other conditions of employment. If terminated, the Company is liable only for wages or salary earned as of the date of my termination.

I understand and agree that I may be required to take a physical examination, including a drug screening, as a condition of employment for the purpose of determining my abilities to perform job duties now or in the future. I further understand that I will not be required to undergo a physical examination until or unless a conditional employment offer has been extended. I agree to consent to take such tests at such time as determined by the Company and to release the Company and its official representatives from any claims arising in connection with the use of information resulting from such examination.

The Company is an Equal Opportunity Employer. No question on this application is used for the purpose of discriminating, limiting or excluding any applicant from consideration for employment on a basis prohibited by Local, State or Federal law.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.