



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(Print legibly with ballpoint pen)

Name _____

IMPORTANT!

APPLICANT:

1. PLEASE COMPLETE ALL PAGES RELATED TO POSITION APPLIED FOR, MAKING CERTAIN TO SIGN AND DATE PAGE 6.
2. PLEASE INDICATE POSITION DESIRED ON PAGE 2.
3. PLEASE ATTACH COPIES OF ALL JOB-RELATED OR JOB REQUIRED LICENSES.
4. IF NO ACTION IS TAKEN ON THIS APPLICATION, IT WILL BE CONSIDERED VOID IN SIX MONTHS.
5. BINDING ARBITRATION OF DISPUTES: ANY LEGAL COMPLAINT THAT YOU RAISE CONCERNING YOUR APPLICATION OR ANY SUBSEQUENT EMPLOYMENT WILL BE SUBJECT TO FINAL, BINDING ARBITRATION.
PLEASE READ THE ENCLOSED ARBITRATION PROVISION CAREFULLY.

GENERAL INFORMATION

INSTRUCTIONS: COMPLETE ALL BLANKS, INDICATE "NONE" OR "NOT APPLICABLE" WHEN APPROPRIATE. USE ADDITIONAL SHEETS IF NECESSARY FOR COMPLETE INFORMATION.

PERSONAL DATA

NAME (LAST)			(FIRST)			(MI)		
PRESENT ADDRESS (NO., STREET, AND APARTMENT NO.)						NO. OF YEARS AT THIS ADDRESS		
CITY				STATE		ZIP		
TELEPHONE (AREA CODE AND NUMBER)					LIST ANOTHER # WHERE WE CAN REACH YOU (AREA CODE AND NUMBER)			

HAVE YOU EVER USED ANOTHER NAME, ALIAS, MAIDEN NAME OR NICKNAME WHICH MIGHT HELP US VERIFY THE CONTENTS OF THIS APPLICATION?
 YES NO

IF YES, OTHER NAME(S) _____

TYPE OF WORK

POSITION APPLIED FOR _____

ARE YOU ABLE TO WORK OVERTIME, ALL SHIFTS, AND WEEKENDS? YES NO
(As a condition of employment, overtime and /or weekend work may be required for certain positions. This information will be used for job-related reasons only.)

- HAVE YOU EVER BEEN EMPLOYED AT TTX COMPANY? YES NO
IF YES, WHICH LOCATION? _____ FROM: _____ TO: _____
- HAVE YOU BEEN REFERRED BY A TTX EMPLOYEE? IF YES, GIVE EMPLOYEE'S NAME: _____
- DO YOU KNOW ANYONE EMPLOYED AT TTX COMPANY? YES NO
IF YES, GIVE NAME, LOCATION, AND TITLE OF EMPLOYEE (IF KNOWN) _____

4. IN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OR PLEADED GUILTY TO A CRIME OR OTHER OFFENSE? (Include military service convictions and guilty pleas.)
 YES NO

NOTE: A conviction is NOT an automatic bar to employment. All circumstances will be considered.

IF YES, STATE THE CRIME OR OTHER OFFENSE FOR WHICH YOU HAVE PLEADED GUILTY OR HAVE BEEN CONVICTED .

DATE OF THE CONVICTION OR GUILTY PLEA: _____

CITY & STATE OF THE CONVICTION OR GUILTY PLEA: _____

5. ARE YOU PRESENTLY UNDER INDICTMENT, OR ARE YOU CURRENTLY A DEFENDANT IN ANY CRIMINAL PROCEEDING?
 YES NO

IF YES, STATE THE CHARGE: _____

DATE OF THE INDICTMENT OR PENDING CHARGE: _____

PLACE OF THE INDICTMENT OR PENDING CHARGE: _____

NOTE: A YES answer to this question is NOT an automatic bar to employment.

6. **NOTE: THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, RESUME, OR ANY OTHER MATERIALS SUBMITTED TO THE COMPANY (OR DURING MY INTERVIEWS), MAY RESULT IN DENIAL OF EMPLOYMENT OR DISCHARGE.**

SIGNATURE _____

EMPLOYMENT DATA

LIST EMPLOYMENT STARTING WITH YOUR MOST RECENT POSITION. PLEASE ACCOUNT FOR ANY TIME THAT YOU WERE UNEMPLOYED. USE A SEPARATE SHEET OF PAPER IF NECESSARY. INCLUDE, AT LEAST, YOUR 10 MOST RECENT YEARS OF EMPLOYMENT.

PERSONAL DATA

1. COMPANY	ADDRESS	PHONE #
BUSINESS	EMPLOYED FROM Mo. Yr.	TO Mo. Yr. RATE OF PAY BEGINNING ENDING
JOB TITLE	SUPERVISOR'S NAME	
DESCRIBE YOUR DUTIES		
WHY DID YOU LEAVE		
2. COMPANY	ADDRESS	PHONE #
BUSINESS	EMPLOYED FROM Mo. Yr.	TO Mo. Yr. RATE OF PAY BEGINNING ENDING
JOB TITLE	SUPERVISOR'S NAME	
DESCRIBE YOUR DUTIES		
WHY DID YOU LEAVE		
3. COMPANY	ADDRESS	PHONE #
BUSINESS	EMPLOYED FROM Mo. Yr.	TO Mo. Yr. RATE OF PAY BEGINNING ENDING
JOB TITLE	SUPERVISOR'S NAME	
DESCRIBE YOUR DUTIES		
WHY DID YOU LEAVE		
4. COMPANY	ADDRESS	PHONE #
BUSINESS	EMPLOYED FROM Mo. Yr.	TO Mo. Yr. RATE OF PAY BEGINNING ENDING
JOB TITLE	SUPERVISOR'S NAME	
DESCRIBE YOUR DUTIES		
WHY DID YOU LEAVE		

REFERENCES

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES?

 YES NO**OTHER REFERENCES:**

NAME/BUSINESS

ADDRESS/TELEPHONE NUMBER

1.

2.

3.

EDUCATION					
FROM	TO	HIGH SCHOOL	GRADUATED		GED
		CITY & STATE	IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS COMPLETED		
FROM	TO	TRADE SCHOOL OR COLLEGE	YEAR GRADUATED		DEGREE/CERTIFICATE
		CITY & STATE	IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS COMPLETED		
FROM	TO	COLLEGE	YEAR GRADUATED	DEGREE RECEIVED	MAJOR
		CITY & STATE	IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS COMPLETED		
FROM	TO	COLLEGE	YEAR GRADUATED	DEGREE RECEIVED	MAJOR
		CITY & STATE	IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS COMPLETED		

OTHER: PLEASE INDICATE ANY OTHER TRAINING, SKILLS, OR EXPERIENCE THAT YOU HAVE HAD WHICH MAY BE RELEVANT TO A POSITION WITH TTX COMPANY (e.g. specialized training while working elsewhere)

RECORD OF SERVICE IN U.S. ARMED FORCES	
BRANCH OF SERVICE	
WORK EXPERIENCE WHILE IN THE SERVICE:	
RANK AT SEPARATION	

LANGUAGE (This information will be used for job-related purposes only.)
DO YOU SPEAK, READ, OR WRITE ANY LANGUAGE OTHER THAN ENGLISH? IF YES PLEASE LIST:

PLEASE READ AND SIGN

I understand that this application does not create an offer of employment. If employed, in consideration of my employment or my continued employment, I do hereby agree that:

- 1. I, my locker, or my possessions, may be subject to searches as a condition of continued employment. I further agree to permit employment searches as outlined in the Company's security policies and acknowledge that should I refuse to permit an employment search, I may be terminated.**
- 2. As a part of the pre-employment process, drug testing shall be required. A post-job offer medical examination, including drug testing, may be required. I agree to provide access to previous medical records if required. I consent to the submission of my specimen to the clinic selected by TTX Company. Such specimen to be forwarded to the certified laboratory selected by the Company to test such specimen for the presence of controlled substances; the results of said testing to be released to TTX Company and to the Medical Review Officer designated by TTX Company. I understand that the results of any tests may be used to determine an applicant's eligibility for employment or to determine the status of continuing employment for an employee.**
- 3. I may be required to submit myself to medical examinations, which may under appropriate circumstances (e.g., after an on-the-job accident or reasonable suspicion of on-the-job drug or alcohol use), include testing for drugs and/or alcohol, by physicians of the Company's selection as often as requested during my employment, and understand that failing to pass any such examination may prevent me from being in Company's service; and I further understand and agree that failure of Company to request a physical examination shall not be construed as an admission by Company that I am physically qualified to perform any specific type of service.**
- 4. The Company, its successors, and subsidiaries, may copyright, sell, use, and publish all photographic negatives and other likenesses made of me while employed at TTX, with or without the use of my name, all without additional compensation to me.**
- 5. The Company is subject to and is operating under The Railroad Retirement Act and various state workers' compensation laws. I agree that the applicable state workers' compensation laws provide my exclusive remedy for any job related injury.**
- 6. As a result of making this application for employment, my criminal record and vehicular driving record may be examined by TTX Company or its agents. I hereby authorize TTX Company or its designated agents to make any lawful examination of my criminal record and vehicular driving record. Any misrepresentation or omission of any fact in my application, resume, or any other materials submitted to the company, including information given during my interviews, may result in denial of employment or immediate discharge.**

7. **This application constitutes the entire and final agreement between the parties and all other prior agreements, arrangements, or understandings, oral or written, are merged into and superseded by the terms of this agreement. I understand that should any part of this application be held unenforceable, the enforceability of the remaining provisions shall not be impaired. To the extent the law allows an employee to bring legal action against TTX Company, I agree to bring that complaint within the time prescribed by law, or six months from the date of the event forming the basis of my lawsuit, whichever expires first.**

8. **Federal law requires that you furnish the Company with proof of your identity and eligibility to work in the United States. Please have necessary documents available promptly for our inspection after an offer of employment has been made.**

9. **I certify that the information given by me in this application is true in all respects and I agree that any false information, misrepresentation, or omission of any fact in this application, resumes, interviews, or in any other materials submitted to the Company by me, or on my behalf, will be grounds for denial of employment or immediate discharge.**

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between TTX Company and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon TTX Company unless made in writing. If an employment relationship is established, I acknowledge and understand that my employment may be terminated by me or by TTX Company, with or without cause, with or without notice, at any time.

The Company may request, and I also authorize and request each former employer and each person, firm, or corporation given above as a reference to furnish any information that may be sought by the Company concerning me and my work habits, character, and skill, and I hereby waive any privileges involved.

 Print Applicant's Name

 Applicant's Signature

 Date

 TTX Company Processor

 Date

ARBITRATION OF ALL CLAIMS

I agree that all disputes, claims, or controversies that I may raise concerning my application for employment, including claims that I might raise if I do not receive an offer of employment or am not employed by the company, and all claims related to or arising out of my employment or the termination of my employment shall be resolved exclusively by final, binding arbitration only after all internal Company dispute resolution procedures have been exhausted. All arbitration required by this provision shall be subject to the terms, conditions, and procedures of the American Arbitration Association (AAA), unless different arbitration rules are required by an applicable labor contract. The Company will bear only the cost of the arbitrator that is required by this provision.

I understand that by agreeing to resolve all disputes, claims, or controversies through final, binding arbitration, I waive any statutory or common law rights to file an administrative action, to sue in court, and have a trial by jury. I acknowledge that I have received a copy of the American Arbitration Association (AAA) National Rules for the Resolution of Employment Disputes.

Applicant's Signature

_____/_____/_____
Date

EEO POLICY STATEMENT

Dear Prospective Employee;

It is the policy of TTX Company to afford equal employment opportunity to all individuals, regardless of race, color, religion, sex, age, national origin, veteran status, disability, or marital status. In addition, TTX Company adheres to the equal employment opportunity requirements of the federal government, and of all states and localities in which it does business. TTX Company is committed to recruit, hire, train, compensate, and promote persons into all jobs in accordance with principles of equal employment opportunity; 2) base decisions on employment so as to further the principle of equal employment opportunity; 3) make promotional decisions in accordance with principles of imposing only valid job requirements; and further the principles of equal employment opportunity; and 4) administer personnel actions such as; compensation, benefits, transfers, company-sponsored training, education, tuition assistance, and social and recreational programs, in accordance with principles of equal employment opportunity. TTX Company is committed to fair treatment of all and pledge to ensure fairness in our policies and procedures.

Brian R. Powers

Vice President

Human Resources & Labor Relations

CERTIFICATION

PLEASE (X) AREAS IN WHICH YOU ARE CERTIFIED	YEARS	MONTHS
<input type="checkbox"/> INDUSTRIAL WELDER		
<input type="checkbox"/> FORK LIFT OPERATOR		
<input type="checkbox"/> PAINTER		
<input type="checkbox"/> ELECTRICAL		
<input type="checkbox"/> MECHANICAL (Pipe, Millwright, etc.)		

MACHINERY -- PREVIOUS EXPERIENCE		
PLEASE (X) AREAS IN WHICH YOU HAVE EXPERIENCE	YEARS	MONTHS
<input type="checkbox"/> SHEARER		
<input type="checkbox"/> BRAKE PRESS		
<input type="checkbox"/> CNC MACHINE		
<input type="checkbox"/> IRON WORKER		
<input type="checkbox"/> BURNER		
<input type="checkbox"/> PAINT BOOTH SPRAYER		
<input type="checkbox"/> GRIT BLASTER		
<input type="checkbox"/> FORK LIFT OPERATOR		
<input type="checkbox"/> GRINDER		
<input type="checkbox"/> PNEUMATIC EQUIPMENT		
<input type="checkbox"/> DRILL PRESS		
<input type="checkbox"/> STENCILING		
<input type="checkbox"/> CRANE OPERATOR		
<input type="checkbox"/> LOCOMOTIVE OPERATOR		

PLEASE LIST ANY OTHER TYPES OF SKILLS THAT YOU POSSESS WHICH MAY BE PERTINENT TO THIS APPLICATION.

NAME _____

DATE ____ / ____ / ____