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TOROID CORPORATION APPLICATION FOR EMPLOYMENT

Toroid Corporation is an Equal Opportunity Employer. We do not discriminate on the base of Race, Religion, National Origin, Color, Sex, Age, Handicap, or Veteran Status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

PERSONAL INFORMATION

Date _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Are you at least 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position Applying for: _____ Date Available: _____ Salary Desired: _____

Are you employed now? Yes No May we contact your Present Employer? Yes No

How did you establish contact with Toroid Corporation? Walk In Advertisement Agency

Employee Referral If referred by an employee, please list name: _____

EDUCATION

Name and Location of School Circle Last Graduate? Subjects Studied/Degree?

Grammar School		1	2	3	4	Yes	No	
High School		1	2	3	4	Yes	No	
College		1	2	3	4	Yes	No	
Trade, Business or Correspondence School		1	2	3	4	Yes	No	

Special Training/Job Related Skills Not Shown Above: _____

Military: _____ Branch: _____ From: _____ To: _____



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WORK HISTORY List below your last four employers, starting with the most recent one first.

Date Month and Year	Name and Address of Employer	Phone Number	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

(This will not necessarily exclude you from employment.)

Can you perform the duties of the job you are applying for? Yes No

Are you willing to take a job duty evaluation if required? Yes No

Will you abide by the Safety Rules of this Company? Yes No

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UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.



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AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promise regarding employment has been made to me, and I understand that no such promise and guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such tests, and I request that the examining facility disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personal life. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test, and if I am hired a condition of my employment will be, I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____