



**TOYO
TANSO**
USA, INC.

2575 N.W. GRAHAM CIRCLE
P.O. BOX 280
TROUTDALE, OR 97060
TEL: (503) 661-7700
FAX: (503) 492-6437
www.ttu.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
Application valid for six months only unless renewed in writing.

Date _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Mailing Address _____ Apt. No. _____
Street

_____ Phone _____
City State Zip

Message Phone(s) and Contact _____

EMPLOYMENT DESIRED

Specific Position(s) Applied For _____ Salary Desired _____

Date Available for Work _____ Prefer Full-time _____ Part-time _____

Available For: Overtime: Yes No Shift Work: Yes No

Overtime, weekend and shift work may be required by the Company as its operations require. We will try to accommodate your religious beliefs and practices as long as it does not present an unreasonable burden upon our operations.

Have you ever been convicted of a felony? If so, please explain. _____

EDUCATION TRAINING

(Circle last year completed)

		Name and Location of School	Field of Study	Degree	Graduated
High School	1 2 3 4				Yes <input type="checkbox"/> No <input type="checkbox"/>
Business or Vocational	1 2				Yes <input type="checkbox"/> No <input type="checkbox"/>
College	1 2 3 4				Yes <input type="checkbox"/> No <input type="checkbox"/>
College	1 2 3 4				Yes <input type="checkbox"/> No <input type="checkbox"/>

Professional Degrees, Certificates, On-the-Job Training, Office Skills, Etc.

(Please list)

EMPLOYMENT HISTORY - THIS SECTION MUST BE COMPLETED ENTIRELY

Beginning with your present or most recent job, list below all, paid or unpaid, work experience during the last 10 years (or longer if pertinent to the position applied for). Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Explain any gaps in your work experience that exceeded 6 months. If more space is needed, additional sheets may be attached.

Present or Last Employer _____ Phone _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Position or Title _____ Supervisor _____

Duties (be specific) _____

Dates of Employment: From _____ To _____ Starting Salary \$ _____
Month/Year Month/Year Leaving Salary \$ _____
Unpaid _____

If part-time, indicate average number of hours per week _____

Reason for leaving (or wishing to leave) _____

May we contact this employer for a work reference? Yes No

If no, please explain _____

Name of Previous Employer _____ Phone _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Position or Title _____ Supervisor _____

Duties (be specific) _____

Dates of Employment: From _____ To _____ Starting Salary \$ _____
Month/Year Month/Year Leaving Salary \$ _____
Unpaid _____

If part-time, indicate average number of hours per week _____

Reason for leaving (or wishing to leave) _____

May we contact this employer for a work reference? Yes No

If no, please explain _____

Name of Previous Employer _____ Phone _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Position or Title _____ Supervisor _____

Duties (be specific) _____

Dates of Employment: From _____ To _____ Starting Salary \$ _____
Month/Year Month/Year Leaving Salary \$ _____
Unpaid _____

If part-time, indicate average number of hours per week _____

Reason for leaving (or wishing to leave) _____

May we contact this employer for a work reference? Yes No

If no, please explain _____

Name of Previous Employer _____ Phone _____
Address _____
(Street) (City) (State) (Zip)
Position or Title _____ Supervisor _____
Duties (be specific) _____

Dates of Employment: From _____ To _____ Starting Salary \$ _____
Month/Year Month/Year Leaving Salary \$ _____
Unpaid _____

If part-time, indicate average number of hours per week _____

Reason for leaving (or wishing to leave) _____

May we contact this employer for a work reference? Yes No

If no, please explain _____

Name of Previous Employer _____ Phone _____
Address _____
(Street) (City) (State) (Zip)
Position or Title _____ Supervisor _____
Duties (be specific) _____

Dates of Employment: From _____ To _____ Starting Salary \$ _____
Month/Year Month/Year Leaving Salary \$ _____
Unpaid _____

If part-time, indicate average number of hours per week _____

Reason for leaving (or wishing to leave) _____

May we contact this employer for a work reference? Yes No

If no, please explain _____

How were you referred to Toyo Tanso USA, Inc.? _____

Have you previously applied or worked at Toyo Tanso USA, Inc. Yes No

If yes, when and under what name _____

If you are applying for a position that requires driving, do you have a valid driver's license Yes No

As part of the hiring process each applicant will be asked to undergo a physical examination, including urine drug screening.

BUSINESS/EDUCATIONAL REFERENCES

1. Name of Reference _____
Address _____
Occupation _____ Phone _____

2. Name of Reference _____
Address _____
Occupation _____ Phone _____

3. Name of Relative or Friend at Toyo Tanso USA, Inc. _____
Relationship _____ Department _____

Toyo Tanso USA, Inc. maintains a continuing commitment to affirmative action, in accordance with state and federal laws and regulations, by providing equal opportunity for all employees and applicants for employment regardless of race, color, religion, national origin or ancestry, sex or age (except where sex or age is a bonafide occupational qualification as defined by the State of Oregon Human Rights Commission), marital status, veteran status, sensory, mental or physical disability or other characteristic protected by state or federal law.

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that my misrepresentation of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation which becomes known to Toyo Tanso USA, Inc. may be cause for termination.

I hereby authorize, Toyo Tanso USA, Inc. to verify my former employment and secure additional information if necessary. I release from liability or responsibility all persons and companies furnishing such information.

I understand that my employment with Toyo Tanso USA, Inc. is voluntarily entered into and I am free to resign at any time. Similarly, it is not the intent of Toyo Tanso USA, Inc. to create a contractual obligation with this application which may alter the right of Toyo Tanso USA, Inc. to terminate the working relationship at the will of Toyo Tanso USA, Inc. at any time. No oral or written statement by Toyo Tanso USA, Inc. or its management or supervisory representatives shall create such a contract.

I have no objection to signing an Employee Patent and Confidential Information Agreement.

Signature of Applicant

**APPLICATION VALID UNTIL
CURRENT POSITION IS FILLED**

Date

FOR COMPANY USE ONLY

Interviewed By	Date/Time	For
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Position Offered _____ Exempt _____ Non-Exempt _____ Shift/Hours _____

Date of Offer _____ **Date Employed** _____

Starting Salary _____ Rate Range _____

Department _____ Supervisor _____

Comments _____

CONFIDENTIAL APPLICANT INFORMATION

TOYO TANSO USA, Inc.
QUALITY GRAPHITE / EXCEPTIONAL SERVICE

Dear Applicant:

TOYO TANSO USA, Inc. is an Equal Opportunity Employer. We are required by state and federal laws and regulations to furnish statistical data on all applicants for Affirmative Action purposes. You can assist us by completing this form and returning it with your application. It will not appear in your applicant file; if you are employed, it will not appear in your employee file. **YOUR PARTICIPATION IS VOLUNTARY.**

Please complete the appropriate items below:

Sex: Female Male Date of Birth: _____

Ethnic Information:

- Black
- Asian or Pacific Islander or Indian Subcontinent
- Hispanic
- American Indian or Alaskan Native
- White

Vietnam Veteran ... A person who has served more than 180 days of active duty from August 5, 1964 to May 7, 1975.

Handicapped ... A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairments or (3) is regarded as having such an impairment. A handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a handicap.

How did you learn about **TOYO TANSO USA, Inc.**?

- Advertisement/Describe _____
- Employment Agency/Name _____
- Friend or Associate/Name _____
- College Campus Contact/Name _____
- State Employment Service/Office _____
- Other/Describe _____

Name _____ Date _____
(Your signature is strictly voluntary)

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS,
VIETNAM ERA VETERANS, AND INDIVIDUALS
WITH PHYSICAL OR MENTAL HANDICAPS**

Government contractors are subject to section 402 of the Vietnam Era Readjustment Act of 1974, which requires affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, which requires affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, veteran of the Vietnam Era, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide proper placement and appropriate accommodation to enable you to perform a job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Do you wish to be identified? Answer below. Then sign your name and provide the date.

_____ **YES** _____ **NO**

_____ Handicapped Individual _____ Disabled Veteran

_____ Vietnam Era Veteran

Please describe your handicap _____

Signed _____

Date _____