

INITIAL APPLICATION FOR EMPLOYMENT CONSIDERATION - TOKAI CARBON CB LTD

INSTRUCTIONS (Read Carefully)	<div>◆ Print or type responses.</div> <div>◆ Take the time to fully and accurately complete this application. It is anticipated you should allow approximately one hour to do so.</div> <div>◆ Respond directly on this application. Do not enter "Refer to Resume" or "See Attached".</div> <div>◆ Enter N/A if a question does not apply to you.</div> <div>◆ Review and sign the Certification Statement on the back page of this application.</div> <div>◆ This Company provides equal employment consideration for all applicants without regard to race, sex, color, national origin, religion, veteran status, sexual orientation, age, disability or genetic information.</div>
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I. PERSONAL INFORMATION	Legal Name: (Last) (First) (MI) (Preferred Name)		
	Mailing Address: (Street) (City) (State) (Zip)		
	Preferred method of communication during hiring process: Email <input type="checkbox"/> Phone <input type="checkbox"/>	Email:	Phone:
	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Indicate reason for submitting this application: <input type="checkbox"/> Referred by employee (name employee) <input type="checkbox"/> Responding to ad (enter position title as advertised) <input type="checkbox"/> Referred by agency (enter agency's name) <input type="checkbox"/> Walked in unsolicited		
	Have you previously submitted an application? (If yes, provide date and name used at the time) <input type="checkbox"/> Yes <input type="checkbox"/> No Date:_____/_____/_____ Name:_____		Have you previously been employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:_____/_____/_____ Department:_____
	Do you have relatives who work, or have worked, for the organization? (If yes, provide full name and relationship to you) <input type="checkbox"/> Yes <input type="checkbox"/> No Name:_____ Relationship:_____ Name:_____ Relationship:_____		

II. DESIRED EMPLOYMENT	Minimum Salary Required \$_____ per_____	First Date Available to Work ____/____/_____
	Desired Work Schedule <input type="checkbox"/> Part-Time (Describe available dates/hours)_____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary (Describe available period)_____	
	Are you available to work various shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited (Explain)_____	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited (Explain)_____
	A. Complete the following <u>only</u> if you are applying for a management position or a position utilizing a college degree. Type of position desired_____ Type of degree_____ GPA_____ Major_____ <input type="checkbox"/> Attach a copy of your transcripts, or check this box if transcripts are not available and you agree to provide a copy within 30 days.	
	B. Check only one of the following boxes if you did not complete the above section. <div><input type="checkbox"/> Accounting Department <input type="checkbox"/> Oil/Gas Office Support <input type="checkbox"/> Aviation Department <input type="checkbox"/> Oil/Gas Operations <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Plant Operations <input type="checkbox"/> General (Non-Office) <input type="checkbox"/> Secretarial/Administrative <input type="checkbox"/> General Office (Non-Secretarial) <input type="checkbox"/> Security Department <input type="checkbox"/> Other _____</div>	

III. FORMAL EDUCATION AND TRAINING	Received High School Diploma / GED Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Provide the following information for each College, Technical, and/or Vocational School you attended. If you did not receive a certificate or degree, enter the approximate number of semester hours for which you actually received credit.			
	Degree	Subject	Institution/City/State	GPA
List each license and/or certificate you have been awarded (examples include: CPA, pilot, etc.)				

IV. TEN YEAR EMPLOYMENT HISTORY

Starting from today and working back, provide requested information regarding your employment history during the last ten years. You **MUST** account for any gaps in employment by entering "unemployed" and the dates. You should indicate the reason such as "in school" or "looking for work". Request a Supplemental Employment History Form for additional space.

Employer's Name:_____Phone Number:_____

Street Address:_____

City:_____State:_____Zip:_____

Starting Position Title:_____Supervisor's Name:_____

Ending Position Title: _____Dates of Promotions: _____

☐ Full-Time

☐ Part-Time

☐ Other

☐ Temp.

Dates EmployedFrom: ____/____/____To: ____/____/____

Currently employed?

☐ Yes

☐ No

Eligible for rehire?

☐ Yes

☐ No

May we contact?

☐ Yes

☐ No

Briefly describe primary duties:_____

Explain reason for leaving:_____

Employer's Name:_____Phone Number:_____

Street Address:_____

City:_____State:_____Zip:_____

Starting Position Title:_____Supervisor's Name:_____

Ending Position Title: _____Dates of Promotions: _____

☐ Full-Time

☐ Part-Time

☐ Other

☐ Temp.

Dates EmployedFrom: ____/____/____To: ____/____/____

Currently employed?

☐ Yes

☐ No

Eligible for rehire?

☐ Yes

☐ No

May we contact?

☐ Yes

☐ No

Briefly describe primary duties:_____

Explain reason for leaving:_____

Employer's Name:_____Phone Number:_____

Street Address:_____

City:_____State:_____Zip:_____

Starting Position Title:_____Supervisor's Name:_____

Ending Position Title: _____Dates of Promotions: _____

☐ Full-Time

☐ Part-Time

☐ Other

☐ Temp.

Dates EmployedFrom: ____/____/____To: ____/____/____

Currently Employed?

☐ Yes

☐ No

Eligible for rehire?

☐ Yes

☐ No

May we contact?

☐ Yes

☐ No

Briefly describe primary duties:_____

Explain reason for leaving:_____

V. CRIMINAL CONVICTION HISTORY

Check **Yes** if you have ever been convicted of, plead guilty or no contest to, received probation, or received deferred adjudication for any violation other than speeding or a non-moving traffic violation. Check **No** otherwise. A Yes response will not automatically disqualify you from further consideration. Facts will be reviewed, such as the type of position for which you are being considered, along with the nature and timing of the offense.

☐ Yes

☐ No

CERTIFICATION STATEMENT

I hereby certify, by my signature, that:

☒ My sole purpose for completing this application is to pursue employment consideration with this Company;

☒ I fully completed this application and provided accurate responses to the best of my ability;

☒ I understand I may be disqualified from further consideration, or if hired, terminated should the Company determine any information is incomplete and/or inaccurate, whether the error or omission was intentional or otherwise;

☒ If hired, my employment and compensation will be on an "at will" basis, which means my employment status can be adjusted or terminated by either myself or the Company without further notice at any time;

☒ I fully understand that no recruiter, interviewer, or Company representative other than the Company's President or Vice President has authority to enter into an agreement with me, written or verbal, for any specified period of employment or guaranteed salary; and

☒ I have fully read and understand the above Certification Statement.

Applicant's Signature

Date