

TOYOTA
FORKLIFTS
OF ATLANTA



EMPLOYMENT APPLICATION

Atlanta Forklifts, Inc. d/b/a Toyota Forklifts of Atlanta ("The Company") offers equal employment opportunities to all persons without regard to race, color, religion, sex, national origin, citizenship status, age, physical or mental disability, marital status, or past present or future service in the Uniformed Services of the US or any other legally protected status. It is the policy of the Company to consider all applicants for employment. The application form will be checked for accuracy and shall be considered active for 6 months. After that time, applicants will be required to reapply and complete a new application form.

Name _____
Last First Middle Other Names Under Which You Have Worked

Address _____
Number and Street City State Zip Code

Telephone Number (____) _____ Referred By: _____

Position Applying For: _____ Date Available For Work: _____

Education	Name of School City and State	Diploma / Degree	Major / Course Concentration
High School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College		Degree? <input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No Last Year Completed _____	
Other		Degree? <input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No Last Year Completed _____	

Please list any additional skills or training that you have received that is directly related to the position you are applying.

Are you legally authorized to work in the U.S. for any employer and could you provide proof upon offer of employment?

Yes No

Are you at least 18 years of age?

Yes No

Have you ever been convicted of a crime – which is now a felony?

Yes No

If yes, please provide information regarding the nature of the offense (Note: a conviction will not necessarily exclude you from employment.):

EMPLOYMENT RECORD – Please start with most recent employer; include military service. Please attach additional sheets if necessary. If you are currently employed, may we contact your present employer? Yes No

Name of Employer: _____	Telephone (_____) _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

Name of Employer: _____	Telephone (_____) _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

Name of Employer: _____	Telephone (_____) _____
Address: _____	
Name of Immediate Supervisor: _____	Title: _____
Your Title and Duties: _____	
Reason for Leaving: _____	Salary/Wage: _____
	Employed From: _____ To: _____
	Date Date

Have you ever been employed by any Division of Toyota Forklifts of Atlanta? Yes No

If yes, indicate years worked and location _____

Emergency Contact _____ Telephone Number (_____) _____

PERSONAL REFERENCES – Please list at least two persons that we can contact for a reference. Please do not list relatives.

Name	Occupation	Address	Telephone Number	Years Known

Important: Read Carefully – I certify that the information I have given on this application is true and complete to the best of my knowledge. I understand that, if I am employed, the discovery that I gave false or misleading information or that I omitted any material information may be considered sufficient cause for denial of employment or may result in immediate dismissal. I authorize the Company to solicit information regarding my character, general reputation, credit and financial history, previous employment and similar background information from third parties, and to contact any and all references I have on my application. I hereby release all parties and persons connected with such request for information from all liability and damages arising out of the furnishing of such information. If employed, I release the Company from any liability for future references it may provide regarding my work history at the Company.

I understand that the Company requires drug testing and medical examination be given to all entering employees after a conditional offer of employment has been made prior to the time an employee begins work. I further understand that the results of the medical examination will not be used to exclude an employee from the position unless the results make the individual unqualified to perform the essential functions of the particular job.

I further understand that in consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand that my employment (and the terms and benefits provided or paid to me) is not intended to, and does not, constitute a contractual relationship. I also understand that, as a matter of the Company's policy, every aspect of my employment relationship with the Company is on an at-will basis, meaning that I or the Company may terminate my employment at any time, for any reason, with or without cause. As part of this at-will policy, I understand that the Company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. I further understand that no employee of the Company has the authority to make any agreement regarding employment contrary to the foregoing, except in writing signed by the President of the Company.

I have read and fully understand the foregoing and seek employment under these conditions.

Date: _____ Signature: _____