



Honda Transmission Mfg. of America, Inc.
6964 State Route 235 N., Russells Point, Ohio 43348

LAST NAME

FIRST NAME

MIDDLE NAME

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

PRIMARY PHONE NUMBER ()
SECONDARY PHONE NUMBER ()

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: You are required to complete all items on this application. Answer all questions completely and accurately. Write N/A if a question is not applicable to you. Attach additional pages if needed. Falsification of this form may result in your rejection or dismissal from employment.

PRESENT STREET ADDRESS

P. O. BOX (IF APPLICABLE)

EMAIL ADDRESS

CITY

STATE

ZIP CODE

COUNTY

LIVED THERE HOW LONG

LAST PREVIOUS STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

LIVED THERE HOW LONG

Type of position for which you are applying: Production Other --e.g., Professional, Office, Maintenance

Since age 16, have you ever been known by any name other than name above?
 No Yes If yes, give name(s) and dates used:

Please list any relatives employed by Honda Transmission Mfg. of America, Inc. (Direct relatives are defined as: parents, children, spouse, brothers, sisters, half-brother, half-sister, grandparents and grandchildren. These relatives are also considered direct if they become relatives through a legal adoption.)

No Direct Relatives Yes If yes, please list name(s) and relationship(s):
In case of Emergency, the following persons should be notified: Name and Address (Two Contacts Required)

Relationship

Telephone Number

(1)

(2)

Did you graduate from high school or receive a GED? (check one)

Yes No

High School Name, City, County, State and Telephone

Name

City, County, State and Telephone

Dates Attended

Graduation Date

Degree, Diploma or Certificate

Course of Study or Major

COLLEGE

List Graduate Schools, Apprentices Programs, Special Training, Technical, U.S. Armed Forces and Service Schools.

OTHER

Use this space for any additional comments or information about education or training:

EMPLOYMENT HISTORY: List your present and all former employers, beginning with the most recent. Include Military Service, enrollment in post-secondary training schools (after high school), college and periods of unemployment. You must account for all time since you were first employed.
IF YOU HAVE HAD MORE THAN FOUR JOBS, YOU MUST ATTACH ADDITIONAL COPIES OF THIS PAGE.

Most Recent		DATES (Month/Year)		SALARY PER WEEK		SUPERVISOR'S NAME	REASON FOR LEAVING - CHECK ONE			
		From ____ / ____ To ____ / ____		Start \$ _____ Last \$ _____			<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> Other EXPLANATION:			
1. Company Name		DATES (Month/Year)		SALARY PER WEEK		SUPERVISOR'S NAME	REASON FOR LEAVING - CHECK ONE			
Street Address		From ____ / ____ To ____ / ____		Start \$ _____ Last \$ _____			<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> Other EXPLANATION:			
City, State, Zip Code		JOB TITLE								
Current Telephone Number		Describe Work Performed:								
Country										
2. Company Name		DATES (Month/Year)		SALARY PER WEEK		SUPERVISOR'S NAME	REASON FOR LEAVING - CHECK ONE			
Street Address		From ____ / ____ To ____ / ____		Start \$ _____ Last \$ _____			<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> Other EXPLANATION:			
City, State, Zip Code		JOB TITLE								
Current Telephone Number		Describe Work Performed:								
Country										
3. Company Name		DATES (Month/Year)		SALARY PER WEEK		SUPERVISOR'S NAME	REASON FOR LEAVING - CHECK ONE			
Street Address		From ____ / ____ To ____ / ____		Start \$ _____ Last \$ _____			<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> Other EXPLANATION:			
City, State, Zip Code		JOB TITLE								
Current Telephone Number		Describe Work Performed:								
Country										
4. Company Name		DATES (Month/Year)		SALARY PER WEEK		SUPERVISOR'S NAME	REASON FOR LEAVING - CHECK ONE			
Street Address		From ____ / ____ To ____ / ____		Start \$ _____ Last \$ _____			<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> Other EXPLANATION:			
City, State, Zip Code		JOB TITLE								
Current Telephone Number		Describe Work Performed:								
Country										

GENERAL QUESTIONS

(Circle One)

THE FOLLOWING QUESTIONS RELATE TO IMPORTANT ASPECTS OF EMPLOYMENT AT HONDA TRANSMISSION MFG. OF AMERICA, INC.

ABILITY - Are you able to:

- 1. Solve practical problems? Yes No
- 2. Communicate effectively with others? Yes No
- 3. Train others? Yes No
- 4. Work in a team? Yes No
- 5. Follow detailed instructions? Yes No
- 6. Maintain high levels of work quality? Yes No

AVAILABILITY - Are you willing to:

- 7. Come to work on time every work day? Yes No
- 8. Work any shift (day, evening, night or rotating)? Yes No
- 9. Work overtime on any week day? Yes No
- 10. Work overtime on any weekend? Yes No
- 11. Perform any task that needs to be done? Yes No
- 12. If you are applying for a production position, are you willing to work in any department? Yes No

WORKING CONDITIONS - Are you willing to:

- 13. Assist daily in maintaining a clean work environment? Yes No
- 14. Wear a uniform at work? Yes No
- 15. Wear safety shoes, glasses, hat or other required safety equipment at work? Yes No
- 16. Scan a time clock at the start and end of each shift? Yes No
- 17. Have only two (2) paid 10 minute breaks and one (1) unpaid 30 minute lunch period during each 8 hour shift? Yes No
- 18. Report any injuries or illnesses to your supervisor immediately? Yes No
- 19. Perform work that may expose you to dirt, dust, oil or grease? Yes No
- 20. Perform work that may expose you to loud noise? Yes No
- 21. Perform work that may expose you to unpleasant fumes or odors? Yes No

EMPLOYMENT ELIGIBILITY

27. Honda Transmission Mfg. of America, Inc. (HTM) takes seriously its responsibility under federal law to hire only persons authorized to work in the United States. As part of its hiring process, HTM needs to determine if your work authorization is subject to future expiration. Are you a U.S. Citizen or National, a Lawful Permanent Resident, an Asylee or a Refugee?

- Yes No
- Are you 18 years of age or older?
- Yes No

WORKING CONDITIONS - Are you willing to (continued):

- 22. Prevent injuries from occurring to yourself or others? Yes No
- 23. Treat all associates with dignity and respect, regardless of race, sex, color, religion, national origin, age or handicap/disability? Yes No
- 24. Be held accountable for the quality and accuracy of your work? Yes No
- 25. Not eat or drink at work, except in designated cafeterias or break areas? Yes No
- 26. Only smoke or use tobacco products in designated areas while on HTM property? Yes No

If you answered **NO** or are unable to answer any questions, you must note the question number and explain why:

29. Have you ever been convicted of a felony? No Yes

If yes, please note date and location (county and state) of conviction and explain.

30. Have you ever been convicted of, or pled guilty, no contest, or nolo contendere to a criminal charge? (including but not limited to, all traffic violations)

No Yes

If yes, please note date and location (county and state) of conviction and explain.

Please state why you want to work for Honda Transmission Mfg. of America, Inc. and how you would be of value to this company.

APPLICATION FORM WAIVER

In exchange for the consideration of my Application for Employment by Honda Transmission Mfg. of America, Inc. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, shall serve to create an actual or implied contract of employment.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) employment is based on the successful passing of tests under such policy. I further understand that a condition of my employment is based on the successful passing of a job-related physical examination and the availability of a position for which I am qualified.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative report including information as to my credit records, criminal history, education and work history. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that in submitting this employment application that it will be considered active for only one (1) year. If I intend to be considered for employment thereafter, I must reapply. Furthermore, the use of this form does not indicate that there are positions open and does not in any way obligate this Company.

SIGNATURE OF APPLICANT

DATE

Month _____ Day _____ Year _____

Honda Transmission Manufacturing Of America, Inc. is an Equal Opportunity Employer.

All qualified applicants will receive consideration without regard to age, handicap or disability, race, color, religion, sex, national origin, military status or ancestry.



**Honda Transmission Mfg.
of America, Inc.**

Dear Applicant:

Honda Transmission Mfg. of America, Inc. (HTM) is subject to governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, HTM invites applicants to voluntarily self-identify their race, ethnicity, and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from your application and will not be considered for purposes of employment. Reported data will not identify any specific individual.

Thank you for your interest in employment with HTM.

VOLUNTARY INFORMATION FOR EQUAL EMPLOYMENT OPPORTUNITY PURPOSES

NAME _____

PLEASE CHECK THE APPROPRIATE DESIGNATIONS

_____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

_____ Male _____ Female

If you should have any questions regarding this form, please contact Associate Relations.