



An Equal Opportunity Employer

Employment Application for US Locations

Trimble Navigation Limited and its affiliate companies consider applicants on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

Personal Information

Name: Last First Middle Date

For which position are you applying? Social Security Number

Residence address City State Zip Code Home Phone ()

Business address City State Zip Code Business Phone ()

Salary desired: Are you over 18? o Yes o No

If offered a position, would you be able to provide proof of your identity as well as your legal right to work in the US? o Yes o No

Have you ever been convicted of any felony? o Yes o No
If yes, please give details. An affirmative response will not be an automatic exclusion from employment.

Certain positions will require proof of a valid driver's license and proof of automobile insurance.
Valid driver's license? o Yes o No Driver's license # _____
Evidence of automobile insurance? o Yes o No

Are any of your relatives presently employed by Trimble or any of its affiliate companies? o Yes o No
If yes, name of relative _____ relationship _____

Have you ever worked for Trimble or any of its affiliate companies before? o Yes o No
If yes, where? _____ Approximate dates month/year _____

Have you previously applied to Trimble or any of its affiliate companies before? o Yes o No
If yes, where? _____ Approximate date month/year _____

Employment History

Most recent employer Dates of employment Business phone ()

Business address City State Zip Code May we contact? o Yes o No

Supervisor's name Title Business phone ()

Salary \$ Hr Mo Yr Your title Reason for leaving

General Duties

Previous employer Dates of employment Business phone ()

Business address City State Zip Code May we contact? o Yes o No

Supervisor's name Title Business phone ()

Salary \$ Hr Mo Yr Your title Reason for leaving

General Duties

Employment History (continued)

Previous employer		Dates of employment	Business phone ()
Business address	City	State	Zip Code
Supervisor's name		Title	Business phone ()
Salary \$	Your title	Reason for leaving	
Hr Mo Yr			
General Duties			

Education

High School	City, State and Zip Code	Graduated? <input type="radio"/> Yes <input type="radio"/> No		
		Major	Degree	Year Graduated
College/University	City, State and Zip Code			
College/University	City, State and Zip Code			
Other (Trade schools, Military training, etc.) Include institution, city/state/zip code and degree/certification (if applicable)				

References

Please provide the following information for one to three people who are familiar with your work experience and technical competence in the field in which you are applying, and we may contact for checking work references.

Name	Business address	Title	Business phone
Name	Business address	Title	Business phone
Name	Business address	Title	Business phone

Referral Source

- Advertisement
- Employment Agency
- Employee (Name _____)
- College
- Internet/Web (site name _____)
- Other: _____
- Job Fair
- Community Agency

Employee Release and Privacy Statement

Please read the following carefully before signing.

I understand that Trimble Navigation Limited and its affiliate companies require certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Trimble Navigation Limited and its affiliate companies to investigate my past employment, criminal background, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and release those parties supplying such information to Trimble Navigation Limited from all liability or responsibility with respect to information supplied.

I understand that my employment with Trimble Navigation Limited and its affiliate companies would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or Trimble Navigation Limited and its affiliate companies may terminate my employment at any time for any reason, with or without cause.

I understand that Trimble Navigation Limited and its affiliate companies may ask me to provide supplemental information to assist with the background investigation if such information can not be verified through the standard background investigation process.

I understand that any false answers made by me on this application or any supplement thereto or in connection with the above-mentioned background check will be sufficient grounds for immediate discharge, if I am employed.

Applicant's Signature

Date

This application will remain in Trimble Navigation Limited's active file for 6 months.

Please fax completed application, self-identification questionnaire and background release form to

Staffing Administrator at (937) 233-8543.



Dear Applicant,

State and federal laws and regulations require that companies maintain records of each applicant's race and sex.

This information is a voluntary submission on your part. Refusal to provide it will not preclude you from doing so in the future nor will it affect your employment opportunities with Trimble Navigation Limited and its affiliate companies.

Further information regarding our Affirmative Action Plan can be obtained by contacting the Human Resources Department during regular work hours.

PLEASE COMPLETE THE SELF-IDENTIFICATION QUESTIONNAIRE BELOW AND RETURN IT TO THE HUMAN RESOURCES DEPARTMENT OR YOUR RECRUITER. THANK YOU.

SELF-IDENTIFICATION QUESTIONNAIRE

Name (optional): _____ Date: _____

Position applied for: _____

To assist in maintaining accurate employment records and complying with federal government reporting requirements, your support is requested to meet our obligations. The information you provide will be considered entirely voluntary and confidential.

Please check the appropriate categories with which you identify:

Race/Ethnic Groups:

- 1. Black, not of Hispanic Origin. Persons having origins in any of the Black racial groups of Africa.
- 2. Asian or Pacific Islander. Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- 3. American Indian or Alaskan Native. Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- 4. Hispanic persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- 5. White, not Hispanic Origin. Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.



Consumer Background Search Authorization and Liability Release

The purpose of this form is to notify me that a *Consumer Background Report* will be conducted on me in the course of consideration for employment or placement with or through Trimble.

I understand that this report may be used to make decisions about my employment, including one or more of the following: hiring, firing, promotion, reassignment and access to facilities. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency.

The investigation will be conducted by Parkin Security Consultants, 160 Albright Way, Suite D, Los Gatos, CA 95032, phone 888-931-9900. I understand Trimble has asked them to perform a background check on me and to prepare a report that will include Social Security Number verification; criminal record check for seven years; employment verification; academic degree / credential verification; Department of Motor Vehicles search; other:_____. I hereby authorize all public and private record holders of such information to release same to Parkin Security Consultants.

I understand that I have the right to inspect the report at the investigative agency's offices during normal business hours and after reasonable notice to the agency, by certified mail or by telephone. I must show proper identification, pay for any costs involved with the inspection and have the right to be accompanied by one other person who must also show proper identification. The investigative agency will explain any of the information in the report and will provide a written explanation of any coded information. I may request additional information about the nature and scope of the investigation and a summary of my rights under the consumer reporting laws.

I release Trimble and Parkin Security Consultants, Inc., their employees, officers, representatives and all other persons from all claims, liability, and damages that may result from investigating, furnishing, communicating, reviewing, or evaluating information pursuant to this investigation and from the use of the report. This release means I am waiving claims for misrepresentation, emotional distress and invasion of privacy and any other negligent act. I expressly intend that this release is as broad and inclusive as is permitted by law. If any portion of this release is held invalid, the balance will continue in full legal force.

I have read this Notice, Authorization and Liability Release and agree with each of its terms. I authorize Parkin Security Consultants, Inc. to conduct an investigation of me and to provide a report of their finding to Trimble. I authorize a FAX or photocopy of this release to be as valid as the original.

First Name: _____ Middle: _____ Last: _____

Telephone: _____ Email Address: _____

Other names used: _____ Date of birth: _____

Social Security Number: _____ Driver's License Number / State: _____ / _____

Current address: _____
Number Street Apt.# City State Zip

Applicant's Signature: _____ **Date:** _____

I wish to receive a copy of my background report: Yes
Send the copy to me at this home, e-mail or other address: _____