

Position(s) applied for		Date of application	
Print full name			
Street address		City	State ZIP
Main phone number	Alt. phone number	Email	

Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address			
Phone number	Dates employed (month/year)		
	From	To	
Job title and duties	Reason for leaving		

Name of employer	Supervisor	May we contact?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address			
Phone number	Dates employed (month/year)		
	From	To	
Job title and duties	Reason for leaving		

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Have you ever been involuntarily terminated or asked to resign from any job? Yes No

If yes, explain.

Explain any gaps in your employment history.

List any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered.

Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Business and Professional References

List three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email

Personal References

List three people who know you well.

Name and title	Relationship and years acquainted	Phone number or email

General Information

1. Have you applied at TPI Arcade before? Yes No

2. If yes, provide dates and position:

3. Have you ever worked for this company before? Yes No

If yes, provide dates and position:

4. Do you have friends and/or relatives working for this company? Yes No

If yes, name(s) and relationship(s):

5. Are you at least 18 years old? Yes No

6. On what date are you available to begin work?

7. Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8. Are you available to work? Full time Part time Shift work

9. If hired, do you have a reliable means of transportation to and from work? Yes No

10. Are you a US Citizen? Yes No

11. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? Yes No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions. Those applicants requiring an accommodation to complete the application and/or interview process should contact HR@tpicast.com.

Applicant Statement and Agreement

Read each paragraph below before signing the application. Contact HR@tpicast.com if there is anything that you do not understand.

If hired, I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature: _____

Name (print): _____

Date: _____

Invitation to Self-Identify: Veteran, Gender and Race (VEVRAA & EO 11246)

TPI Arcade LLC is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name:

Position Applied for:

Gender

Male

Female

Race or Ethnicity (select one)

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

Veteran Status**

I am a protected veteran

I am NOT a protected veteran

I do not wish to self-identify

Date Completed:

How did you hear of our opening? employee referral company website

job board social media advertisement (print/radio/TV) recruiter

other – please explain:

***EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

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.

****PROTECTED VETERAN DEFINITION**

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

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Job Title:

Date of Hire:

TPI Arcade, Inc. code of conduct and ethics

TPI Arcade, Inc. is committed to:

- a standard of excellence in every aspect of our business and in every corner of the world;
- ethical and responsible conduct in all of our operations;
- respect for the rights of all individuals; and
- respect for the environment.

We expect these same commitments to be shared by all of TPI's manufacturers and suppliers:

Child Labor

Manufacturers will not use child labor.

The term "child" refers to a person younger than 15 (or 14 where local law allows) or, if higher, the local legal minimum age for employment or the age for completing compulsory education.

Manufacturers employing young persons who do not fall within the definition of "children" will also comply with any laws and regulations applicable to such persons.

Involuntary Labor

Manufacturers will not use any forced or involuntary labor, whether prison, bonded, indentured or otherwise.

Coercion and Harassment

Manufacturers will treat each employee with dignity and respect, and will not use corporal punishment, threats of violence or other forms of physical, sexual, psychological or verbal harassment or abuse.

Nondiscrimination

Manufacturers will not discriminate in hiring and employment practices, including salary, benefits, advancement, discipline, termination or retirement, on the basis of race, religion, age, nationality, social or ethnic origin, sexual orientation, gender, political opinion or disability.

Health and Safety

Manufacturers will provide employees with a safe and healthy workplace in compliance with all applicable laws and regulations, ensuring at a minimum reasonable access to potable water and sanitary facilities; fire safety; and adequate lighting and ventilation.

Protection of the Environment

Manufacturers will comply with all applicable environmental laws and regulations.

Other Laws

Manufacturers will comply with all applicable laws and regulations,