



EMPLOYMENT APPLICATION

TTM Technologies, Inc. ("TTM") is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment is available to all persons. Applicants requiring any type of reasonable accommodation to complete the application and/or interview process should contact a TTM Human Resources Representative.

This application for employment is good for six (6) months only. Consideration for employment after six (6) months requires a new application.

PLEASE PRINT OR TYPE - BE SURE TO ANSWER ALL QUESTIONS - WE DO NOT ACCEPT A RESUME IN LIEU OF THE APPLICATION.

Enter the title of the position(s) for which you are applying:

Date of Application:

Referral Source (How were you referred to TTM Technologies? Please provide source.)

Advertisement

_____ Source

Employment Agency

_____ Specify

Employee Referral

_____ Name

Internet

_____ Website

Other

Personal Data

Name

_____ Last Name First Name M.I.

Name Previously Used

_____ Last Name First Name M.I.

Address

_____ Street / City / State / Postal Code

Mobile Phone

Home Phone

E-Mail Address

Preferred Method to Contact:

Mobile Phone

Home Phone

E-Mail

Best Time to Contact:

Day

Evening

Anytime

GENERAL INFORMATION

1. Are you at least 18 years old?

Yes

No

If "No", do you have the necessary work permit?

Yes

No

GENERAL INFORMATION (cont.)

2. Have you previously been employed by TTM or its affiliate?

Yes No

If yes, give the date and previous position held:

Yes No

3. Do you have any friends or relatives employed by TTM?

Yes No

If "Yes", give the name and relationship:

4. Are you a U.S. Citizen or a Permanent Resident?

Yes No

5. After employment begins, can you submit legal verification of your identity and legal right to work in the U.S.?

Yes No

6. Available to work: Full Time Part Time Temporary

7. Shift availability: First Second Third Weekend Days Weekend Nights

8. Are you able to work overtime if requested?

Yes No

9. Date you are able to start? _____

10. Salary or hourly rate desired? _____

11. Are you willing to travel, if required?

Yes No

12. Are you willing to relocate, if required?

Yes No

13. Are you able to perform the essential functions of the position(s) for which you are applying for with or without reasonable accommodation?

Yes No

14. Have you been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?

Yes No

If "Yes", please provide date(s) and details:

15. Within the last seven (7) years have you been convicted of a felony, misdemeanor, arrested for D.U.I or currently pending trial?

Yes No

Do not identify marijuana-related misdemeanor convictions occurring more than two years ago or convictions for which the criminal record has been expunged, sealed or eradicated by court, or misdemeanor convictions for which any probation has been completed and the case has been dismissed by the court. NOTE: Answering "Yes" to this question will not necessarily disqualify you from employment. Factors such as how this conviction would relate to the position, age and time of occurrence, the seriousness and nature of the circumstances will be considered.

If "Yes", please provide date(s) and details:

Initial

EMPLOYMENT HISTORY

Chronologically list employment for the last ten (10) years beginning with your most recent employer. Please include military service, if applicable. USE ADDITIONAL PAGES IF NEEDED.

Employer	Position Title	Start Date	End Date
Address	Phone #	Starting Salary	Ending Salary
City / State / Postal Code	Supervisor Name & Title	Reason for Leaving	
Position Duties			

Employer	Position Title	Start Date	End Date
Address	Phone #	Starting Salary	Ending Salary
City / State / Postal Code	Supervisor Name & Title	Reason for Leaving	
Position Duties			

Employer	Position Title	Start Date	End Date
Address	Phone #	Starting Salary	Ending Salary
City / State / Postal Code	Supervisor Name & Title	Reason for Leaving	
Position Duties			

Employer	Position Title	Start Date	End Date
Address	Phone #	Starting Salary	Ending Salary
City / State / Postal Code	Supervisor Name & Title	Reason for Leaving	
Position Duties			

May we contact your present employer? Yes No

May we contact your previous employers? Yes No

Initial

EDUCATION, TRAINING & REFERENCES

	School Name, City and State	Major	# of years completed	Did you graduate?	Diploma / Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate / Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scholastic Honors (Fellowships, Prizes, Scholarships, etc.) Explain each:

Professional Licenses / Certifications:

List other languages, skills, specialties, and/or training that you feel is relevant to the position for which you are applying:

List any inventions you are responsible for and/or any patents you own:

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would indicate race, creed, color, sex, age, sexual orientation, citizenship, marital status, disability, national origin, and status as a disabled veteran or Vietnam era veteran.)

If the job requires, do you have the appropriate valid driver's license? Yes No

Please provide three (3) professional references below.

Name	Job Title
Company Name	Relationship
Address (Street / City / State / Postal Code)	Phone #
E-Mail Address	Year(s) Known
Name	Job Title
Company Name	Relationship
Address (Street / City / State / Postal Code)	Phone #
E-Mail Address	Year(s) Known
Name	Job Title
Company Name	Relationship
Address (Street / City / State / Postal Code)	Phone #
E-Mail Address	Year(s) Known

Initial

ACKNOWLEDGEMENT OF TERMS & CONDITIONS OF APPLICATION

IMPORTANT: PLEASE READ EACH PARAGRAPH CAREFULLY BEFORE SIGNING BELOW.

Work Rules. In the event I am hired by TTM Technologies, Inc. ("TTM"), I agree to comply with all rules and regulations imposed by TTM.

Drug/Alcohol. TTM is a drug and alcohol free workplace. All offers of employment with TTM are conditioned upon the satisfactory completion of a drug and alcohol screening test. If I am given an offer of employment, I understand that I will need to sign any required authorization or release forms permitting TTM to conduct a drug and alcohol screening test. Also, I understand that during my employment with TTM, I may be required to take a drug and alcohol screening test to the extent permitted by law.

Background Investigation. I understand that TTM's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such a background investigation, my application for employment may be rejected or my employment may be terminated. I authorize TTM to obtain information, during the application process and throughout my employment thereafter, concerning me from previous employers, school officials, and others. I release TTM and all its affiliated entities from any liability in connection with any type of activity associated with TTM's attempt to review and verify my background.

Conflicts of Interest. I understand that I may not hold other employment, nor engage in other activities, that create a conflict of interest with regard to my position with TTM, unless given permission in writing by TTM.

At-Will Employment. If hired, I further agree as follows: my employment with TTM will be terminable at will, such that TTM may terminate my employment for any lawful reason with or without cause, and I may terminate my employment without reason. No implied, oral or written agreements of employment are created by this acknowledgement form or this Employment Application.

I certify that all information given on this application, including all attachment such as a resume, is true and complete to the best of my knowledge. I understand that any willful or material omission, falsification or misrepresentation will result in my disqualification from consideration for employment, or if hired, my termination whenever discovered. I hereby acknowledge that I have read the above statements and agreements and understand the same.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

If you have any questions regarding this acknowledgement, please ask a Human Resources representative before signing.

Applicant's Signature

Date



EEO-1 Self-Identification Form

TTM Technologies, Inc. ("TTM") is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, TTM invites applicants to voluntarily self-identify their race and ethnicity. 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 will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

PLEASE PRINT OR TYPE.

Enter the title of the position(s) for which you are applying:

Date:

Referral Source (How were you referred to TTM Technologies? Please provide source.)

Advertisement

_____ Source

Employment Agency

_____ Specify

Employee Referral

_____ Name

Internet

_____ Website

Other

Name

_____ Last Name First Name M.I.

Name Previously Used

_____ Last Name First Name M.I.

Address

_____ Street / City / State / Postal Code

Mobile Phone

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Applicant's Signature

Check one:

Male

Female

EEO-1 Survey (continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race - IMPORTANT - Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

What is your race? Select **ONE** of the following categories:

- White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** - A person having origins in any of the Black racial groups of Africa.
- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - 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.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** - All persons who identify with more than one of the above five races.

Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- * served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or
 - * was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - * 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 (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - * one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran.)

If you need assistance completing this form, contact the local TTM Human Resources Department.

TTM is an equal opportunity employer, and does not discriminate on the basis of race, color, religion, sex, national origin, marital status, age, sexual orientation, gender identity characteristics or expression, disability, medical condition, U.S. Military or veteran status in recruiting, hiring, training, and promoting.

FOR HUMAN RESOURCES USE ONLY

Position(s) applied for is open: Yes No

Position(s) considered for:

Date:

EEO-1 Categories:

- | | |
|---|--|
| <input type="checkbox"/> Executives/Senior Level Officials and Managers | <input type="checkbox"/> Office and Clerical |
| <input type="checkbox"/> First/Mid Level Officials and Managers | <input type="checkbox"/> Crafts - Skilled |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Operatives - Semi-Skilled |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Laborers - Unskilled |
| <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Service Workers |