

# Company: \_\_\_\_\_

## Application for Employment

*Please print accurate answers to all questions. This information will be treated confidentially.*

We appreciate your interest in our company. THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT. This application is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment opportunities to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, genetic information, national origin, citizenship, disability, veteran status, or any other status protected under local, state, and federal law. The company will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities. The company conducts pre-employment screening for certain jobs before an offer is made. If a job offer is made, employment may be contingent upon successful completion of a medical examination, including drug testing, which may include providing urine, blood, or other types of samples. This application will remain active for ninety (90) days.

BASIC INFORMATION		
Name (Last, First, Middle)	Social Security Number	Date
Present Address		
Home Phone (        )	Cell Phone (        )	How long at this address?
In the event you accept an offer of employment, your in case of emergency contact:		
Name	Home Phone (        )	Cell Phone (        )
How did you learn about us?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> School <input type="checkbox"/> Walk-in <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other _____		

RECORD OF EDUCATION					
School	Name and Address of School	Course of Study	Circle Last Year Complete	Did You Graduate	List Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (NOT RELATIVES)			
Name	Business	Address	Telephone

**PERSONAL INFORMATION**

Are you at least 18 years of age?  Yes  No  
 If under 18, must furnish a work permit.

Are you legally authorized to work in the United States?  Yes  No  
 Completion of the Form I-9 will be required upon employment to document authorization to legally work in the United States.

Have you been convicted of a felony in the past seven years?  Yes  No  
 If YES, describe in full. A conviction will not necessarily bar employment. Fair consideration will be given to date of offense, seriousness, and nature of violation and rehabilitation.

Do you have any family business or social obligations that would prevent you from:  
 Working Consistently?  Yes  No      Working Overtime?  Yes  No      Traveling?  Yes  No  
 List names(s) and/or relationship(s) of relatives currently working for the Company.

Were you previously employed by this company or any other division of Thor? Please specify company(s):

Position(s) Applied For:	Expected Pay	Would You Work?	Specify days & hours if part time:
	\$	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

If you are offered and accept employment, what date could you report for work? \_\_\_\_\_

**MARK THOSE WITH WHICH YOU HAVE EXPERIENCE**

Auto       Bus       MotorHome       Travel Trailer       Other (Specify) \_\_\_\_\_

**INDUSTRIAL**

MISCELLANEOUS

- Metal
- Roofing
- Sidewalls/shelling
- Floors
- Chassis Prep
- Lamination
- Final Finish
- Graphics Tape
- Milling
- Inspection
- Systems Check
- Painting/Body Repair
- Fiberglass
- Routing
- Shipping/Receiving
- Forklift Operation
- Packing
- Electrical
- Plumbing
- Inspection
- Tape Measure
- Read Engineering Prints
- Read Production Orders
- Group Leader

SAWS

- Table
- Chop
- Radial Arm
- Jig
- Band
- Other

TOOLS

- (electric, pneumatic, hand)
- Nail Gun
  - Screw Gun
  - Staple Gun
  - Air Drill

SPECIAL SKILLS

- Forklift Training
- Forklift License
- Valid CDL License
- Valid Driver's License
- CNC Equipment
- Automotive Diagnostic Equip.
- Front End Alignment
- Automotive Htg. & A/C Cert.
- Automotive Repair

MANAGEMENT

- TQM
- Teaching/Training Exp.
- Supervisory Exper.
- # people supervised \_\_\_\_\_
- Rec'd Supv. Training

ASSEMBLY

- Mechanical
- Wire Harness
- Cabinets

WELDING

- Tig
- Mig
- Aluminum
- Steel
- Plasma
- Cutting Torch
- Welding Certification

**ADMINISTRATIVE**

GENERAL

- Typing/Keyboard  
WPM \_\_\_\_\_
- Receptionist  
Max # of Lines \_\_\_\_\_

Fax Machine

- Shorthand/Dictation
- Filing
- Ten Key/Touch
- Data Entry

COMPUTER

- Microsoft Office
- Word
  - Excel
  - Outlook
  - Access
  - Visio
  - Power Point
  - Sharepoint Services
  - ERP Software
  - CAD Software
  - Programming Language
  - Internet/Intranet

Windows OS

- Apple/Macintosh
- OLAP Cube Processing
- Internet File Transfer

REPORT WRITING

- Crystal Reports
- Others \_\_\_\_\_

ACCOUNTING

- Accounts Payable
- Accounts Receivable
- Payroll
- Financial Statements
- Cost Accounting/B.O.M.

MANAGEMENT

- Supervisory Training
- Supervisory Experience
- # People Supervised \_\_\_\_\_

OTHER

- Sales/Marketing
- Training Product
- MRP/MPRII

**OTHER RELATIVE EXPERIENCE**


## BACKGROUND RESEARCH RELEASE

### 1. Consent to Conduct Background Investigation

As a condition of, and in consideration for the company's consideration of my application for at-will employment, I give permission to the company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the company to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

### 2. Consent to Contact Past Employers

I give permission to the company to contact all employers listed in my application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the company. I further waive any rights I may have to receive a copy of any written statement provided by any of my former employers to the company. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

### 3. Consent to Contact Government Agencies

I give permission to any agent, attorney, or representative of the company to receive a copy of any information obtained in the file of any federal, state, or local court, government agency, law enforcement agency, or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the company as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity, and/or abilities.

### 4. Cooperation with Investigation

I agree to fully cooperate in the company's background investigation and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer of federal, state, or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

### 5. Falsification Statement

I understand that any falsification or willful omission of fact made in my application for at-will employment or in connection with any background investigation may be sufficient grounds for rejection of my application, or, if discovered after an offer of employment, for immediate dismissal.

### 6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of the company, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself except as otherwise provided by law. I understand that no manager or representative of the company, other than the president of the company, has authority to enter into any agreement for employment for any specific period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the president of the company.

Before submitting your application to SJC you need to enter a digital signature, which you agree will be binding as your actual signature. Your electronic signature shall be the typing of your name and the last 4 digits of your Social Security Number in the below signature box and the signature box on page 4. You are representing to SJC that the information you provided in this employment application is true and correct to the best of your knowledge, and that this information can be used for the purpose of processing your employment application information.

**Applicant's Signature** \_\_\_\_\_

**Applicant's Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT**

<b>1</b>					
Company Name	From (MO/YR)	To (MO/YR)	Starting Salary	Last Salary	Name of Supervisor
Address	Describe in detail the work that you did			Telephone	
City, State, Zip				Reason for Leaving	
Type of Business					

<b>2</b>					
Company Name	From (MO/YR)	To (MO/YR)	Starting Salary	Last Salary	Name of Supervisor
Address	Describe in detail the work that you did			Telephone	
City, State, Zip				Reason for Leaving	
Type of Business					

<b>3</b>					
Company Name	From (MO/YR)	To (MO/YR)	Starting Salary	Last Salary	Name of Supervisor
Address	Describe in detail the work that you did			Telephone	
City, State, Zip				Reason for Leaving	
Type of Business					

May we contact the employers listed above?  Yes  No If NOT, indicate by number which one(s) you do not wish us to contact

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

- I authorize the investigation of all statements contained in this application, resume, and any attachments. I release from all liability any persons or employers supplying such information. I also release the company from all liability that might result from making the investigation.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume, and any attachments (or on any required document) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.
- I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations, and I understand that the company reserves the right to change wages, hours, and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE, AND FOR ANY OR NO REASON.
- I understand that any employment offer is contingent upon my completing a Form I-9 within three (3) working days of employment in order to comply with the Immigration Reform and Control Act of 1986.
- I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that all the information provided by me, including any resumes, test answers or attachments, is truthful and accurate.
- I agree that any claim or lawsuit relating to or arising out of my service and/or employment, my potential service and/or employment, or my application for employment, with Thor Industries, Inc. or any of its subsidiaries must be filed no more than three hundred (300) days after the date of the employment action that is the subject of any such claim or lawsuit. While I understand that the statute of limitations for claims or lawsuits arising out of employment may be longer than three hundred (300) days, I agree to be bound by the three hundred (300) days period of limitations set forth herein, and I EXPRESSLY AGREE TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced. I understand that if I become an employee of Thor Industries, Inc., or any of its subsidiaries, at any time in the future, this application for employment will become a part of my official employment record. I further acknowledge that Thor Industries, Inc. and/or its subsidiaries will be relying on the information contained in this application in any hiring decisions and that I am bound by the terms contained herein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*THE COMPANY IS AN AT-WILL, EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER\*\*\***