

MARATHON COACH, INC., EMPLOYMENT APPLICATION

Applicant Instructions:

1. Please read "APPLICANT NOTE"
2. **COMPLETE THIS FORM IN ITS ENTIRETY, EVEN IF ATTACHING A RESUME.**
3. Print clearly; incomplete or illegible applications will not be processed.
4. Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and you will not be subject to any adverse treatment for refusing to complete the questionnaire.

APPLICANT NOTE

This application form is intended for use in evaluation of your qualifications for employment. This is not an employment contract. Please consider all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating employment if discovered after employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of drugs in your body is required prior to employment.

PERSONAL DATA

Today's Date: _____ Social Security # _____

Name: _____

Home Phone: _____ Work Phone: _____

Message Phone: _____

Current Address:

AVAILABILITY

For what position(s) are you applying?

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of immigration status will be required upon employment Yes No

On what date would you be available to work?

Are you available to work: Full time Part time Evenings Nights
 Overtime Weekdays Weekends

Have you been convicted of a felony within the last 7 years? Yes No
 Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

EDUCATION

	NAME	CITY/STATE	DATES ATTENDED	DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

JOB RELATED INFORMATION

Can you perform the job functions listed in the accompanying job description with or without reasonable accommodation? Yes No

Indicate any foreign languages you can speak, read or write:

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

Driver's license # (or valid ID#) _____ State of issue _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job - related military service assignments. If you need additional space, please continue on a separate sheet of paper.

Employer/Address: _____

Phone Number /Supervisor: _____

Dates Employed: _____

Job Title/Duties: _____

Reason for Leaving: _____

Beginning & Ending Salary: _____

Employer/Address: _____

Phone Number /Supervisor: _____

Dates Employed: _____

Job Title/Duties: _____

Reason for Leaving: _____

Beginning & Ending Salary: _____

Employer/Address: _____

Phone Number /Supervisor: _____

Dates Employed: _____

Job Title/Duties: _____

Reason for Leaving: _____

Beginning & Ending Salary: _____

Have you used any names or Social Security Numbers other than those listed? Yes No

If so, please list here:

REFERENCES:

Name: Phone Number: Relationship:

Name: Phone Number: Relationship:

Name: Phone Number: Relationship:

PRODUCTION SKILLS

- ___ Service Manager
- ___ RV Repair
- ___ Shop Foreman
- ___ Metal Worker
- ___ Mechanic Cert.
- ___ Mechanic General
- ___ Mechanic Helper
- ___ Brakes
- ___ Welding
- ___ Sheet Metal Work
- ___ Copper Pipe
- ___ Soldering
- ___ Sink Install
- ___ Spa Installation
- ___ Stainless Steel
- ___ Table Saw
- ___ Jig Saw
- ___ Plastic Laminate
- ___ Wood Floors
- ___ Carpet Installation

- ___ Electrician
- ___ Elec. Troubleshooting
- ___ Electrical Design/Theory
- ___ DC Electrical
- ___ AC Electrical
- ___ Air Cond./Install
- ___ Air Cond./Repair
- ___ Blueprints
- ___ ABS Pipe
- ___ Router
- ___ Skill Saw
- ___ Jointer
- ___ Power Hand Tools
- ___ Oil Finishers
- ___ Contact Cement
- ___ Staining
- ___ Hardwoods
- ___ Band Saw
- ___ Sanders
- ___ Carpet Sculpturing

- ___ Chauffeur
- ___ Detailer
- ___ Painter
- ___ Painter Helper
- ___ Car Polisher
- ___ Upholsterer
- ___ Radios
- ___ Transmission
- ___ Plumbing
- ___ PVC Pipe
- ___ Scissors Lift
- ___ Forklift
- ___ Ceramic Tile
- ___ Marble Work
- ___ Solid Surface
- ___ Components
- ___ Sewing
- ___ Wall Paper
- ___ Interior Design
- ___ Drafting

PARTS DEPARTMENT

- ___ Parts Manager
- ___ Part Counter
- ___ Trainee Counter
- ___ Parts Terminal Use

- ___ Stock Person
- ___ Inventory
- ___ Claims Handler
- ___ Warranties

- ___ RV/Trailer Parts
- ___ Delivery
- ___ Shipping/Receiving
- ___ Parts Driver

OFFICE

- ___ Business Manager
- ___ Office Manager
- ___ Accountant
- ___ Bookkeeper
- ___ Contracts
- ___ DMV
- ___ Insurance Clerk

- ___ Internals
- ___ Summaries
- ___ General Office
- ___ Credit Manager
- ___ Insurance Billing
- ___ Journals
- ___ Collection Manager

- ___ Cashier
- ___ Service Clerk
- ___ Repair Orders
- ___ Payroll
- ___ A/P
- ___ A/R
- ___ Receptionist

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed three months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any representative of the Employer. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my motor vehicle operation history, credit history and criminal history from various state, private and insurance sources along with other public records available.

I hereby authorize, without reservation, any law enforcement administrator, state agency, institution, information service bureau, employer or insurance company contacted by any outside service to furnish the above-mentioned information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____

Signature: _____

The following must be filled out completely for your application to be considered (Please Print)

Last Name

First Name

Middle Initial

Home Address

City

State

Zip Code

Social Security Number