



PLEASE FAX TO: 909 510-6143

This company is an Equal Employment Opportunity Employer.
We do not use personal information in our hiring process and are dedicated to hiring the person who is best suited for our jobs without any knowledge or consideration to any individual's membership in any protected class.

DATE _____

POSITION APPLIED FOR _____

DATE YOU CAN START _____

APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Other Names Used: _____

Address: _____
Street City & State Zip

Telephone #: _____ Message #: _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES NO
(Proof will be required upon hire)

PREVIOUS WORK EXPERIENCE

List below your last five employers – Start with your most recent

1. Employer Name _____ Date Hired: _____ To _____
Address: _____ Total length of Employment: _____
City, State, Zip _____

Supervisor Name _____ Telephone # _____

Position Held _____ Current Wages _____

Length of time at Current Position _____

Previous position held with this Employer _____

Current Duties: _____

Reason for Leaving? _____

May We Contact This Employer? YES NO

2. Employer Name _____ Date Hired: _____ To _____
Address: _____ Total length of Employment: _____
City, State, Zip _____

Supervisor Name _____ Telephone # _____

Position Held _____ Current Wages _____

Length of time at Current Position _____

Previous position held with this Employer _____

Current Duties: _____

Reason for Leaving? _____

May We Contact This Employer? YES NO

3. Employer Name _____ Date Hired: _____ To _____

Address: _____ Total length of Employment: _____

City, State, Zip _____

Supervisor Name _____ Telephone # _____

Position Held _____ Current Wages _____

Length of time at Current Position _____

Previous position held with this Employer _____

Current Duties: _____

Reason for Leaving? _____

May We Contact This Employer? YES NO

4. Employer Name _____ Date Hired: _____ To _____

Address: _____ Total length of Employment: _____

City, State, Zip _____

Supervisor Name _____ Telephone # _____

Position Held _____ Current Wages _____

Length of time at Current Position _____

Previous position held with this Employer _____

Current Duties: _____

Reason for Leaving? _____

May We Contact This Employer? YES NO

5. Employer Name _____ Date Hired: _____ To _____
 Address: _____ Total length of Employment: _____
 City, State, Zip _____
 Supervisor Name _____ Telephone # _____
 Position Held _____ Current Wages _____
 Length of time at Current Position _____
 Previous position held with this Employer _____
 Current Duties: _____

 Reason for Leaving? _____
 May We Contact This Employer? YES NO

OTHER SKILLS, EDUCATION, AND/OR TRAINING THAT IS DIRECTLY RELATED TO THE POSITION YOU ARE APPLYING FOR (I.E. TRADE SCHOOL, ON-THE-JOB TRAINING PROGRAMS, COLLEGE DEGREE, VOLUNTEER EXPERIENCE, CERTIFICATES, LICENSES, ETC.)

Have you ever applied with this company before? NO YES WHEN? _____
 Have you ever worked for this company before? NO YES WHEN? _____

If you are applying for any position that requires driving, please fill out this section

Do you have a valid Calif. Drivers License? YES NO If YES give license # _____
 How many reportable accidents have you had in the past 5 years? _____
 How many moving violations have you had in the past 5 years? _____

YOU MUST HAVE A VALID DRIVERS LICENSE AND BE INSURABLE TO DRIVE A COMPANY VEHICLE.

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. 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 notified and given the name and address of the agency or the source which provided the information.

III. I Acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and country agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

I certify all information given on this application and any supporting information is true and complete, and I authorize a complete investigation. I agree that if hired, I may be discharged if the Company at any time learns of any falsification or material omission in the information I have provided, and if discovered prior to hire I would be ineligible for consideration for not only this position but future positions as well. I authorize the Company to contact all former and current employer references listed and all educational institutions. All references are authorized to release all information requested which they might have about me. I hereby release this company and all references from any liability, which might be claimed because of information provided by such references.

**AS A CONDITION OF MY EMPLOYMENT GIANT RV WILL ALSO
CONDUCT A BACKGROUND CHECK.**

I agree that if hired, I will follow all company policies, rules, procedures and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired, I will be employed at the will of the company and my employment can be terminated at any time with or without notice.

I understand the company is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, all finalists will be subjected to a drug test prior to being hired to assure the company the applicant does not currently have narcotics, sedatives, stimulants, and other controlled substances and/or mood-altering substances in their body. I understand if I have any such substance in my body at the time of the drug test, the company will not hire me. I further understand if at any time during my employment with this company my supervisor, or any other manager, may require as a term and condition of continued employment, a substance test if they have reasonable suspicion that I am under the influence of any substance that might result in harm to myself or to others. I further agree to undergo a physical examination at the company's expense, at any time the company makes such a request.

I understand the company reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time, and that no one in the Company has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the President of the company.

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT THAT DOES NOT SIGN THE ABOVE STATEMENT.