



A FAMILY OF BRANDS

Employment Application An Equal Opportunity Employer

NAME: _____ Date: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State Zip

Phone: _____ Alternate Phone: _____ Email: _____

Are you 18 years or older? Yes No Are you legally eligible for employment in this country? Yes No

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____

HAVE YOU EVER APPLIED TO THIS COMPANY IN THE PAST? Yes No IF YES, WHEN? _____

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY IN THE PAST? Yes No IF YES, WHEN? _____

REFERRED BY: _____

EMPLOYMENT HISTORY

COMPANY: _____ PHONE: (____) _____

CITY/STATE: _____ SUPERVISOR: _____

JOB TITLE: _____ SALARY: _____

DATES EMPLOYED: _____ REASON FOR LEAVING: _____

COMPANY: _____ PHONE: (____) _____

CITY/STATE: _____ SUPERVISOR: _____

JOB TITLE: _____ SALARY: _____

DATES EMPLOYED: _____ REASON FOR LEAVING: _____

COMPANY: _____ PHONE: (____) _____

CITY/STATE: _____ SUPERVISOR: _____

JOB TITLE: _____ SALARY: _____

DATES EMPLOYED: _____ REASON FOR LEAVING: _____

SKILLS AND QUALIFICATIONS

PLEASE EXPLAIN ANY TRAINING, SKILLS, LICENSES AND/OR CERTIFICATIONS THAT QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATION

HIGH SCHOOL: _____
Name of High School City/State of High School

DID YOU GRADUATE? Yes No

COLLEGE: _____
Name of College City/State of College

DID YOU GRADUATE? Yes No

DEGREE: _____

DEGREE: _____

OTHER TRAINING/EDUCATION: _____
Name City/State

DIPLOMA OR CERTIFICATION: _____

REFERENCES – Please list three (3) professional references. Do not list family members.

FULL NAME: _____

RELATIONSHIP: _____

COMPANY: _____

PHONE: _____

FULL NAME: _____

RELATIONSHIP: _____

COMPANY: _____

PHONE: _____

FULL NAME: _____

RELATIONSHIP: _____

COMPANY: _____

PHONE: _____

ADDITIONAL INFORMATION

Have you ever pled guilty to, pled no contest to, or been convicted of any felony that has not been expunged or sealed by the Court? (Answering "yes" to this question will not automatically bar you from further consideration.)

Yes No

If you answered yes, please state the date, offense, and the city and state in which the offense occurred:

Mark those skills with which you have experience: LABOR/MANUFACTURING/INDIRECT LABOR

DEPARTMENT: <input type="checkbox"/> Trailer Assembly Experience <input type="checkbox"/> RV Assembly Experience <input type="checkbox"/> Truck Assembly Experience <input type="checkbox"/> Metal <input type="checkbox"/> Electrical <input type="checkbox"/> Sidewalls/Shelling <input type="checkbox"/> Floor or Roof Building <input type="checkbox"/> Lamination <input type="checkbox"/> Final Finish <input type="checkbox"/> Graphics <input type="checkbox"/> Plumbing <input type="checkbox"/> Paint <input type="checkbox"/> Quality/Inspection <input type="checkbox"/> Systems Check <input type="checkbox"/> Cabinet Building <input type="checkbox"/> Upholstery <input type="checkbox"/> Repair Bay <input type="checkbox"/> Mechanical Assembly <input type="checkbox"/> Detailing <input type="checkbox"/> Maintenance <input type="checkbox"/> Janitorial <input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Wire Harness Assembly <input type="checkbox"/> Utility/Swing <input type="checkbox"/> Material Handler	SKILLS/EXPERIENCE: <input type="checkbox"/> Read Tape Measure <input type="checkbox"/> Read Blueprints <input type="checkbox"/> Convert to decimals <input type="checkbox"/> 110 V Electrical <input type="checkbox"/> 220V Electrical <input type="checkbox"/> HVAC Certification <input type="checkbox"/> Equipment Repair/Maintenance <input type="checkbox"/> Welding Certification <input type="checkbox"/> CNC Equipment/Programming <input type="checkbox"/> Adhesives/bonding <input type="checkbox"/> Drywall/Install/Finishing <input type="checkbox"/> Tractor Driver <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Forklift License <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid CDL License <input type="checkbox"/> Packaging/Shipping <input type="checkbox"/> Inventory Control/Cycle Count <input type="checkbox"/> Group Leader <input type="checkbox"/> Trainer <input type="checkbox"/> Piece Rate Program <input type="checkbox"/> Lean Manufacturing <input type="checkbox"/> Received HR Supervisor Training <input type="checkbox"/> 5S <input type="checkbox"/> 1HC	TOOLS/EXPERIENCE: <input type="checkbox"/> Welding, MIG – Steel <input type="checkbox"/> Welding, MIG – Aluminum <input type="checkbox"/> Welding, TIG - Aluminum <input type="checkbox"/> Plasma Cutter <input type="checkbox"/> Cutting Torch <input type="checkbox"/> Table Saw <input type="checkbox"/> Chop Saw <input type="checkbox"/> Radial Arm Saw <input type="checkbox"/> Panel Saw <input type="checkbox"/> Jig Saw <input type="checkbox"/> Router/Routing <input type="checkbox"/> Band Saw <input type="checkbox"/> Miter Saw <input type="checkbox"/> Screw Gun <input type="checkbox"/> Bar Coding/Scanning <input type="checkbox"/> Computer <input type="checkbox"/> Hoist/Overhead <input type="checkbox"/> Drill <input type="checkbox"/> Torque Wrench <input type="checkbox"/> Brake Press <input type="checkbox"/> Pneumatic (Air) Tools <input type="checkbox"/> Other relevant Experience: _____ _____
<input type="checkbox"/> Supervision – Number of Employees Supervised: _____ Direct Reports: _____ Indirect Reports: _____		

Mark those skills with which you have proficient experience: Office/Administration/Leadership

Circle One: 1=Entry Level 2 = Efficient 3= Expert

Sales – Inside	1 2 3	Keyboard Speed	1 2 3	Human Resources	1 2 3
Sales – Outside	1 2 3	Calculator Speed	1 2 3	Payroll (Software _____)	1 2 3
Customer Service	1 2 3	Receptionist	1 2 3	MRP MRPII ERP	1 2 3
Call Center	1 2 3	Shorthand/Dictation	1 2 3	TQM	1 2 3
Marketing	1 2 3	Executive Assistant	1 2 3	Programming	1 2 3
Accts Payable Mgr.	1 2 3	Admin Assistant	1 2 3	LANGUAGES: _____	1 2 3
Accts. Receivable	1 2 3	Postage/Metering	1 2 3	_____	
Accounting Mgr.	1 2 3	Microsoft Word	1 2 3	Apple/MAC Computer	
Financial Statements	1 2 3	Microsoft Excel	1 2 3	Leadership/Dept. Head	1 2 3
Purchasing/Buyer	1 2 3	Microsoft PowerPoint	1 2 3	Six Sigma (Belt) _____	1 2 3
Sourcing/Negotiation	1 2 3	Microsoft Access	1 2 3	Team Leader	1 2 3
Chassis Procurement	1 2 3	Adobe Photoshop	1 2 3	Supervisor	1 2 3
Expediting	1 2 3	Quality Team Leader	1 2 3	# of reports _____	1 2 3
Auditing	1 2 3	Engineer _____	1 2 3	Department Head # reports _____	1 2 3
IT Network Admin	1 2 3	Degree _____	1 2 3	List other software experience	1 2 3
Website Programming	1 2 3	CAD _____	1 2 3	_____	
Website Administration	1 2 3	3D CAD _____	1 2 3	_____	1 2 3
Materials/Costing	1 2 3			_____	

List other experience: _____

CERTIFICATIONS: _____

APPLICANT STATEMENT

I certify that all information provided herein is true, complete and correct. I understand that any information provided herein that is found to be false, incomplete or misrepresented by me will be sufficient cause to cancel further consideration of this application, or immediately discharge me from my employment.

I expressly authorize the employer, its representatives, employees or agents (hereinafter referred to as "UTC") to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding UTC for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that UTC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment. I understand that my application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing language are valid unless they are in writing and signed by the employer's president. I also understand that if I am extended an offer of employment, I will be required to successfully pass a post-offer drug screen and provide proof of identity and legal authority to work in the United States and that any federal immigration laws require me to complete an I-9 form in this regard.

Applicant Signature

Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

Remarks: _____

Exceptions: _____

E-VERIFY _____ DRUG SCREEN BCHK SAFETY BEN BEN EFF: _____
Date Date

HIRED: Yes No Hire Date: _____ Seniority Date: _____ Hourly Salary

Payroll: Weekly Bi-Weekly Annually Exempt Nonexempt

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

POSITION: _____ DEPT: _____ LOC: _____

HIRING MANAGER APPROVAL: _____ DATE: _____