



## 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 1793. The information requested is voluntary and 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 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 criminal conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skill 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: \_\_\_\_\_

Cell 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 crime 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: \_\_\_\_\_  
 Describe any specialized skills, training, licenses or certificates:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Driver's license # \_\_\_\_\_ State of issue \_\_\_\_\_

Have you used any names or Social Security Numbers other than those listed?  Yes  No  
 If so, please list here:

\_\_\_\_\_  
 \_\_\_\_\_

**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.

<b>Employer/Address:</b>
<b>Phone Number/Supervisor:</b>
<b>Dates Employed:</b>
<b>Job Title/Duties:</b>
<b>Reason for Leaving:</b>
<b>Beginning &amp; Ending Salary:</b>

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:

**REFERENCES**

<i>NAME</i>	<i>PHONE NUMBER</i>	<i>RELATIONSHIP</i>

**SKILL INFORMATION**

**PRODUCTION SKILLS**

*LIST YEARS OF EXPERIENCE*

- \_\_\_\_\_ AC ELECTRICAL
- \_\_\_\_\_ DC ELECTRICAL
- \_\_\_\_\_ AIR CONDITION INSTALL
- \_\_\_\_\_ AIR CONDITION TROUBLESHOOT
- \_\_\_\_\_ AV INSTALL
- \_\_\_\_\_ BAND SAWS
- \_\_\_\_\_ BLUEPRINTS / TAPE MEASURE
- \_\_\_\_\_ BRAKES / TRANSMISSION
- \_\_\_\_\_ CABINET BUILDING
- \_\_\_\_\_ CERAMIC TILE
- \_\_\_\_\_ CNC
- \_\_\_\_\_ COPPER PIPE
- \_\_\_\_\_ DRAFTER
- \_\_\_\_\_ ELECTRICAL DESIGN/ THEORY
- \_\_\_\_\_ ELECTRICAL TROUBLESHOOTING
- \_\_\_\_\_ INTERIOR DESIGN
- \_\_\_\_\_ INVENTORY CLERK
- \_\_\_\_\_ JIG SAW
- \_\_\_\_\_ JOINTER
- \_\_\_\_\_ MECHANIC EXPERIENCE
- \_\_\_\_\_ METAL WORKER

- \_\_\_\_\_ PAINTER
- \_\_\_\_\_ PLASTIC LAMINATE
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ PVC PIPE / ABS PIPE
- \_\_\_\_\_ ROUTER
- \_\_\_\_\_ SANDERS
- \_\_\_\_\_ SEWING
- \_\_\_\_\_ SHIPPING / RECEIVING CLERK
- \_\_\_\_\_ SKILL SAW
- \_\_\_\_\_ SOLDERING
- \_\_\_\_\_ SOLID SURFACE
- \_\_\_\_\_ STAINING
- \_\_\_\_\_ STAINLESS STEEL
- \_\_\_\_\_ STONE WORK
- \_\_\_\_\_ TABLE SAW
- \_\_\_\_\_ UPHOLSTERY
- \_\_\_\_\_ WALL PAPER
- \_\_\_\_\_ WELDING

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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 here by 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.

**MANPOWER ASSIGNMENT POLICY**

Marathon Coach reserves the right to assign employees to jobs and shifts, which are in the best interests of the company.

\_\_\_\_\_  
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 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: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Last) ( Middle ) (Maiden)

ADDRESS \_\_\_\_\_  
(Street) (City) (State & Zip Code) (How Long?)

Date of Birth \_\_\_\_\_ Social Security NO. \_\_\_\_\_

Previous Address \_\_\_\_\_  
(Street) (City) (State & Zip Code) (How Long?)

(Street) (City) (State & Zip Code) (How Long?)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK-----				
TRACTOR AND SEMI-TRAILER-----				
TRACTOR-TWO TRAILERS-----				
OTHER-----				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO
- B. Has any license, permit or privilege ever been suspended or revoked?  YES  NO
- IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet of More Space Is Needed)**

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown

**LAST EMPLOYER:**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**LAST EMPLOYER:**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**LAST EMPLOYER:**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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 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.

DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor /Carrier Safety Regulation.