



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 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, religion, sexual orientation, gender identity, national origin or disabilities. Affirmative action hiring may be requested by qualified applicants. Additional testing of job related skills and for the presence of illegal drugs in your body is required prior to employment. A physical may be required for certain positions.

PERSONAL DATA

| | |
|------------------|--------------------|
| Today's Date: | Social Security #: |
| <hr/> | |
| Name: | |
| <hr/> | |
| Current Address: | City, State, Zip: |
| <hr/> | |
| Home Phone: | Work Phone: |
| <hr/> | |
| Cell Phone: | Message Phone: |
| <hr/> | |

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

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 _____

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: | Phone #: |
| Address: | Supervisor: |
| Dates Employed: | Job Title: |
| Duties: | |
| | |
| Reason for Leaving: | |
| | |

| | |
|---------------------|-------------|
| Employer: | Phone #: |
| Address: | Supervisor: |
| Dates Employed: | Job Title: |
| Duties: | |
| Reason for Leaving: | |
| : | |

| | |
|---------------------|-------------|
| Employer: | Phone #: |
| Address: | Supervisor: |
| Dates Employed: | Job Title: |
| Duties: | |
| Reason for Leaving: | |
| : | |

REFERENCES

| Name | Phone # | Relationship |
|------|---------|--------------|
| | | |
| | | |
| | | |

SKILL INFORMATION

Production Skills *(list years of experience)*

- | | |
|-------------------------------------|----------------------------------|
| _____ AC ELECTRICAL | _____ PVC PIPE / ABS PIPE |
| _____ DC ELECTRICAL | _____ ROUTER |
| _____ AIR CONDITIONING INSTALL | _____ SANDERS |
| _____ AIR CONDITIONING TROUBLESHOOT | _____ SEWING |
| _____ AV INSTALL | _____ SHIPPING / RECEIVING CLERK |
| _____ BAND SAWS | _____ SKILL SAW |
| _____ BLUEPRINTS / TAPE MEASURE | _____ SOLDERING |
| _____ BRAKES / TRANSMISSION | _____ SOLID SURFACE |
| _____ CABINET BUILDING | _____ STAINING |
| _____ CERAMIC TILE | _____ STAINLESS STEEL |
| _____ CNC | _____ STONE WORK |
| _____ COPPER PIPE | _____ TABLE SAW |
| _____ DRAFTER | _____ UPHOLSTERY |
| _____ ELECTRICAL DESIGN/ THEORY | _____ WALL PAPER |
| _____ ELECTRICAL TROUBLESHOOTING | _____ WELDING |
| _____ INTERIOR DESIGN | |
| _____ INVENTORY CLERK | |
| _____ JIG SAW | |
| _____ JOINTER | |
| _____ MECHANIC EXPERIENCE | |
| _____ METAL WORKER | |
| _____ PAINTER | |
| _____ PLASTIC LAMINATE | |
| _____ PLUMBING | |

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 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, and criminal history from various state, private and insurance sources along with other public records available. A credit report may be required for certain positions.

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.

Today's Date: _____

Signature: _____

DRIVER 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 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, 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.

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.