

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

PERSONAL

Last Name		First Name		Middle	Date
Street Address					Home Phone
City, State, Zip					Business Phone
Have you ever filled out an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Month and Year? _____				Have you worked for us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired?				Are you on a Lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for full time employment? If No, what hours can you work? _____				Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source		Are you legally authorized to work in the U.S. on a full time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives working for other RV manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Give Names and Manufacturer	
Do you currently have a valid PA. Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No				Can you lift and handle objects up to 70 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.					
Do you have any skills or training in any of the following areas? <input type="checkbox"/> Assembly <input type="checkbox"/> Cabinetry <input type="checkbox"/> Carpentry <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electrical Systems <input type="checkbox"/> Plumbing <input type="checkbox"/> Machine Shop <input type="checkbox"/> Auto Body <input type="checkbox"/> Tow Motor <input type="checkbox"/> Shipping <input type="checkbox"/> Inspecting / QC					
If you checked Yes on any of the above, please briefly describe your experience level. (Ex. 4 Years Electrical Contractor)					
Are you currently serving or do you have a pending D.U.I. Sentence to serve? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date?					
If you are under 18, can you produce a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
College				<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade School				<input type="checkbox"/> Y <input type="checkbox"/> N	
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
Elementary				<input type="checkbox"/> Y <input type="checkbox"/> N	

REFERENCES

Are you related to any person employed by Columbia Northwest Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, state the name of the employees and the relationships with you. (Example Cousin, Uncle etc...)			
For reference purposes, please list the names, address and phone numbers of three people not related to you. Please give Day Phone if Possible			
1	Name	Address	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
2	Name	Address	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
3	Name	Address	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening

Please give an accurate and complete record of your employment history, starting with your most recent employer.

WORK HISTORY

Company Name		Telephone () -	
Address		Employed (Month / Year) From To	
1 Name of Supervisor	Your employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Pay Start Finish	
State job title and describe your work.		Reason for Leaving	
Company Name		Telephone () -	
Address		Employed (Month / Year) From To	
2 Name of Supervisor	Your employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Pay Start Finish	
State job title and describe your work.		Reason for Leaving	
Company Name		Telephone () -	
Address		Employed (Month / Year) From To	
3 Name of Supervisor	Your employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Pay Start Finish	
State job title and describe your work.		Reason for Leaving	
Company Name		Telephone () -	
Address		Employed (Month / Year) From To	
4 Name of Supervisor	Your employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Pay Start Finish	
State job title and describe your work.		Reason for Leaving	
Company Name		Telephone () -	
Address		Employed (Month / Year) From To	
5 Name of Supervisor	Your employment was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Pay Start Finish	
State job title and describe your work.		Reason for Leaving	

We may contact the employers listed above unless you indicate those that you do not want us to contact.

Employer # Reason

Continued	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by which employers?																		
	Are you aware of any reasons why you could not be bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	Which employer did you enjoy working for the most? (Circle Answer) 1 2 3 4 5 Why?																		
MEMBERSHIP	Please list your membership in any Professional or Civic Organizations. (Example. Volunteer Fireman) Exclude those which may disclose your race, color, religion or national origin.																		
MILITARY	Are you a veteran or have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Branch?																		
	If you were in the military, describe any training relevant to the position you are applying for.																		
SELF ASSESSMENT	You would best describe yourself as the kind of person that: (please circle the most accurate answer below.)																		
	works better alone than with others.				assists other workers when your work is done.				stays focused on the work until the job is done.				works without disturbing or distracting other workers.				shows up for work on time.		
	Never	Some-times	Often	Very Often	Some-times	Often	Very Often	Always	Some-times	Often	Very Often	Always	Never	Some-times	Often	Very Often	Usually	Very Often	Almost Always
	In your opinion: (please circle the most accurate answer below.)																		
	The day goes faster if you stay busy.				It is satisfying to get a job done properly and quickly.				It is important to set and achieve personal goals.				Teamwork is more effective than individuals efforts.				It is best to work smarter than harder.		
	Some-times	Often	Very Often	Always	Some-times	Often	Very Often	Always	Some-times	Often	Very Often	Always	Some-times	Often	Very Often	Always	Some-times	Often	Always
	If you were hired to work here: (please circle the most accurate answer below.)																		
	As a team member, you would help other workers to solve work problems.						If a team member's work is sloppy, you would encourage them to work neatly.						As a member of a team you would motivate other workers to maintain quality and productivity.						
	Never	Some-times	Usually	Often	Very Often	Always	Never	Some-times	Often	Very Often	Almost Always	Always	Never	Almost Never	Some-times	Occasionally	Often	Very Often	Always
	What skills, hobbies, interests or extracurricular activities do you have that might be an asset to an RV Manufacturer?																		
SIGNATURE	The information provided in this Employment Application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of a conditional offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.																		
	<div style="display: flex; justify-content: space-between;"> _____ Date _____ Signature </div>																		
OFFICE USE ONLY	DO NOT FILL OUT THIS AREA!																		
	If hired, do you agree not to show up for work under the influence of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	Do you understand that you will be asked to work overtime occasionally. <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	If hired you agree that when you are going to be late or absent, you will call and notify the front office? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	Interviewer explained the policy regarding the following: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Radios, Tools or Tool Boxes from Home. <input type="checkbox"/> Your responsibility to correct mistakes. <input type="checkbox"/> How to handle a problem with another worker <input type="checkbox"/> Commitment to Safety </div> <div> <input type="checkbox"/> Breaks <input type="checkbox"/> Lunch (Punch Out) <input type="checkbox"/> Call In (Late or Absent) <input type="checkbox"/> Clothes or Jewelry that Dangle or create safety hazards. <input type="checkbox"/> Personal Conduct while on the premises. <input type="checkbox"/> Overtime Approval </div> </div>																		
											Date								
										Initials of Interview					Initials of Interviewer				