

Application for Employment

Print out and complete this Application for Employment and then:

- Scan/email your completed application to jobs@earthroamer.com or
- fax your completed application to 720-457-3884 or
- mail your completed application to EarthRoamer, 5073 Silver Peak Avenue, Dacono, CO 80514 or
- drop off your completed application at EarthRoamer, 5073 Silver Peak Avenue, Dacono, CO 80514

EarthRoamer is an equal opportunity employer and does not discriminate in hiring qualified persons on the basis of race, color, religion, sex, national origin, age, disability, veteran status or other factors protected by federal, state or local legislation. This application will be considered for the open position you identify herein and will be considered active for 6 months.

| Date | Pos | ition Desired | | |
|---------------------------------|---------------------|-----------------------|-------------------------------------------------------------|------------------------------------------|
| Social Security | / Number | | | |
| Name | | | | |
| | First | Middle | Last | |
| Present Addre | ss: | | | |
| | | Street & Numb | er | |
| City | | | State | Zip Code |
| Telephone Nu | mber | | | |
| Are You Unde | r The Age Of 18? | Yes No | | |
| accommodatio | ons? If you require | any accommodatio | e position for which you are ns, please provide particul | |
| | | | | |
| Have you ever dates and expl | | f or are there charge | es pending against you for | a felony or other crime? If yes, provide |
| | | | | |
| | | | | |



| Provide all previous work experience | EMPLOYMENT HIS | STORY t. Begin with your most recent or present employer. | | | | |
|--------------------------------------|---------------------------------------------|-----------------------------------------------------------|--|--|--|--|
| Name and Address of Employer | Date of Employment (month & year) From: To: | Exact Title of your Last Position | | | | |
| | Ending: Salary | Description of Duties | | | | |
| Name | Beginning- | | | | | |
| | Last Immediate Supervisor Name | | | | | |
| Street and Number or P.O. Box | Title | | | | | |
| | Reason for Leaving: | | | | | |
| City State Zip | | | | | | |
| Name and Address of Employer | Date of Employment From: To: | Exact Title of your Last Position | | | | |
| | Ending: Salary | Description of Duties | | | | |
| Name | Beginning: | | | | | |
| | Last Immediate Supervisor Name | | | | | |
| Street and Number or P.O. Box | Title | | | | | |
| | Reason for Leaving: | | | | | |
| City State Zip | | | | | | |
| Name and Address of Employer | Date of Employment From: To: | Exact Title of your Last Position | | | | |
| | Salary Range Ending: | Description of Duties | | | | |
| Name | Beginning: | | | | | |
| | Last Immediate Supervisor Name | | | | | |
| Street and Number or P.O. Box | Title | | | | | |
| | Reason for Leaving: | | | | | |
| City State Zip | | | | | | |
| Name and Address of Employer | Date of Employment From: To: | Exact Title of your Last Position | | | | |
| | Ending: Salary | Description of Duties | | | | |
| Name | Beginning: | | | | | |
| | Last Immediate Supervisor Name | | | | | |
| Street and Number or P.O. Box | Title | | | | | |
| | Reason for Leaving: | | | | | |
| City State Zip | | | | | | |

May we contact your present employer? ______Your past employer?_____



| EDUCATION & TRAINING | | | | | | | |
|----------------------|-----------------------------|--------------------|--------------|-----------|--------|--|--|
| | Name and Location of School | Years Completed | Course Major | Graduate- | Degree | | |
| High School | | 9 10 11 12 | | Yes No | | | |
| College | | 1 2 3 4 | | Yes No | | | |
| College | | 1234 | | Yes No | | | |
| Graduate School | | 1234 | | Yes No | | | |
| Other | | 1234 | | Yes No | | | |
| | | | | | | | |



Please rate yourself on the following attributes by checking the appropriate box:

1= No skills/experience 5= Expert

| | | - | +- | | - | |
|-------------------------------------------------------------|---|---|----|-------------|---|--------------------------------------------------------|
| Skills/Experience: | 1 | 2 | 3 | 4 | 5 | Please describe your knowledge or experience in detail |
| General Electrical/Electronics | | | | | | |
| Low voltage (12-24) DC systems (automotive/marine/aircraft) | | | | | | |
| High voltage (110-220) AC Wiring | | | | | | |
| 12 Volt Audio, Video, Entertainment Design | | | | | | |
| 12 Volt Audio, Video, Entertainment Install | | | | | | |
| Metal Working | | | | | | |
| Steel Welding | | | | | | |
| Aluminum Welding | | | | | | |
| Machining (drill press, lathe, milling machine, etc.) | | | | | | |
| Metal Forming | | | | | | |
| Fabrication | | | | | | |
| Aluminum polishing | | | | | | |
| Body Work | | | | | | Please describe your knowledge or experience in detail |
| Fiberglass | | | | | | |
| Metal body work | | | | | | |
| Body filler | | | | | | |
| Paint | | | | | | |



| e describe your knowledge or experience in detail |
|---------------------------------------------------|
| accorded four microady or experience in actual |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |



| Re | eferred to The Company by: |
|----|----------------------------|
| ? | Newspaper |
| ? | Internet |
| ? | School placement office |
| ? | Other |



Please read the following before signing.

In compliance with the immigration laws of the United States, The Company is required to verify your identity and authorization to work in the United States on or before your third day of employment. You will be required to provide documents that prove both and also to sign an affidavit on Form I-9.

I certify that the answers and information provided by me in the foregoing questions and statements are true and correct. I agree that The Company shall not be liable in any respect if I am rejected for employment or if my employment is terminated because of falsity of statements, answers and omissions made by me on this employment application. I also authorize The Company to to make an investigation of all information provided in this application. I understand that if I make any false statement or omission my employment may be terminated immediately or any offer of employment can be withdrawn. I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive is intended to create an employment contract between the Company and me for employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing and signed by an authorized representative of the Company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the Company retains a similar right regarding the discontinuation of my employment. All The Company employees are employees at will. Employment with The Company is not for a definite term and may be terminated by either the Company or me at any time.

I understand that any offer of employment is contingent upon the verification of eligibility to work in the Unites States, the successful completion of a security screening and testing for drugs.

| In signing this Affidavit I hereby acknowledge that I have read | the above statements, understand them and agree to them |
|-----------------------------------------------------------------|---------------------------------------------------------|
| | |
| Signature of Applicant | Date |
| | |