

Send completed application to: jobs@earthroamer.com. No phone calls please.



Application for Employment

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 _____ Position Desired _____

Social Security Number _____

Name _____
 First Middle Last

Present Address: _____
 Street & Number

City	State	Zip Code
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Telephone Number _____

Are You Under The Age Of 18? Yes___ No___

Are you able to perform the essential functions of the position for which you are applying, with or without accommodations? If you require any accommodations, please provide particulars.

Have you ever been convicted of or are there charges pending against you for a felony or other crime? If yes, provide dates and explanation.

EMPLOYMENT HISTORY		
Provide all previous work experience and periods of employment. 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		1 2 3 4		Yes No	
Graduate School		1 2 3 4		Yes No	
Other		1 2 3 4		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						

Mechanical Work	1	2	3	4	5	
Automotive Engine						
Automotive Transmission and Drivetrain						
Automotive Suspension						
Automotive Cooling Systems						
Plumbing						
Household PVC pipe						
Household PEX tubing						
Marine systems						
RV systems						
Wood Work						Please describe your knowledge or experience in detail
Cabinetry or Furniture						
Scribing						
Sanding						
Finishing						

1=poor 5=outstanding

Work Ethic Interpersonal Skills:	1	2	3	4	5	Please give examples
Ability to work as part of a team						
Ability to work independently						
Attendance/Punctuality						
Schedule Flexibility (Ability to work overtime/weekends)						
Ability to take direction						
Ability to learn from others						

Referred 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