Greeneway RV Sales & Service Application for Employment

We are an equal opportunity employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

	(Please Prin	it)						
Position(s) Applied For	Date of Application							
How Did You Learn About Us? ☐ Advertising ☐ Employment Agency	☐ Friend ☐ Relative	☐ Walk-I	n					
Last Name	Middle Na	me						
Address	City	Sta	nte Zi	p Code				
Telephone Number(s)	rity Number							
If you are under 18 years of age, c Proof of your eligibility to work?	an you provide requi	red	☐ Yes					
Have you ever filed an application	☐ Yes							
	If	Yes, give date						
Have you ever been employed wit	☐ Yes							
	If	Yes, give date						
Are you currently employed?	☐ Yes	☐ No						
May we contact your present empl	☐ Yes	□ No						
Are you prevented from lawfully because of Visa or Immigation Proof of citizenship or immigrate	i. 🗆 Yes	□ No						
On what date would you be availa	ble for work?							
Are you available to work: □ F	Full Time Part	Time	ft Work	Temporary				
Are you currently on "lay-off" sta	☐ Yes							
Can you travel if a job requires it?	☐ Yes							
Have you been convicted of a felo Conviction will not necessarily of	☐ Yes	□ No						
If Yes, please explain								

Employment Experience

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

		_		
Employer	Start Date	Ending Date	Work Performed	
Address				
Telephone Number(s)		Hourly R	ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Start Date	Ending Date	Work Performed
Address				
Telephone Number(s)		Hourly R	late/Salary	
		Starting	Final	
Job Title Supervisor				
Reason for Leaving				
Employer		Start Date	Ending Date	Work Performed
Address				
Telephone Number(s)		Hourly R	ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
If you need	d additional space, p	lease cont	inue on a s	separate sheet of paper.

Special Skill and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.				

Education

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	Elementary School			High School					Undergraduate College / University						Graduate Professional						
School Name and Location																					
Years Completed	4	5	6	5 7	8	1	2	3	4	ļ	1	2		3	4	1	2	,	3		4
Diploma / Degree																					
Describe Course of Study																					
Describe any specialized training, apprenticeship, skills and extra-curricular activities						<u> </u>															
Describe any honors you have received.																					
State any additional information you feel may be helpful to us in considering your application																					
References																					
Give name, address are not previous en 1	nplo	yer	s.																	and	 1
2																					_
3																					_
Have you ever had a	• •					_														N	0
Are you physically o	or ot	herv	wis	se ui	nable	e to p	perf	orn	n th	ie	dutie	s of t	he .	job		vhic	-		are	N	

Applicant's Statement

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I certify that answers 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 45 days. 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. The applicant understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. 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. Signature of Applicant Date For Personnel Department Use Only ☐ No ☐ Yes Arrange Interview Remarks _____ Interviewer Employed ☐ Yes ☐ No Date of Employment _____ Hourly Rate/ Job Title _____ Salary _____ Department__ By____ Name and Title Date **Notes**