



Employment Application

An Equal Opportunity Employer

NAME: _____ Date: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State Zip

Phone: _____ Alternate Phone: _____ Email: _____

Are you 18 years or older? Yes No Are you legally eligible for employment in this country? Yes No

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____

HAVE YOU EVER APPLIED TO THIS COMPANY IN THE PAST? Yes No IF YES, WHEN? _____

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY IN THE PAST? Yes No IF YES, WHEN? _____

WHERE DID YOU HEAR ABOUT THIS JOB OPPORTUNITY? (SPECIFIC WEBSITE, PAPER, ETC.): _____

REFERRED BY: _____

EMPLOYMENT HISTORY

COMPANY: _____ PHONE: (____) _____

CITY/STATE: _____ SUPERVISOR: _____

JOB TITLE: _____ SALARY: _____

DATES EMPLOYED: _____ REASON FOR LEAVING: _____

COMPANY: _____ PHONE: (____) _____

CITY/STATE: _____ SUPERVISOR: _____

JOB TITLE: _____ SALARY: _____

DATES EMPLOYED: _____ REASON FOR LEAVING: _____

COMPANY: _____ PHONE: (____) _____

CITY/STATE: _____ SUPERVISOR: _____

JOB TITLE: _____ SALARY: _____

DATES EMPLOYED: _____ REASON FOR LEAVING: _____

SKILLS AND QUALIFICATIONS

PLEASE EXPLAIN ANY TRAINING, SKILLS, LICENSES AND/OR CERTIFICATIONS THAT QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATION

HIGH SCHOOL: _____
Name of High School City/State of High School

DID YOU GRADUATE? Yes No

COLLEGE: _____
Name of College City/State of College

DID YOU GRADUATE? Yes No

DEGREE: _____

DEGREE: _____

OTHER TRAINING/EDUCATION: _____
Name City/State

DIPLOMA OR CERTIFICATION: _____

REFERENCES – Please list three (3) professional references. Do not list family members.

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____

PHONE: _____

ADDITIONAL INFORMATION

Have you ever pled guilty to, pled no contest to, or been convicted of any felony that has not been expunged or sealed by the Court? (Answering "yes" to this question will not automatically bar you from further consideration.)

Yes No

If you answered yes, please state the date, offense, and the city and state in which the offense occurred:

Mark those skills with which you have experience: LABOR/MANUFACTURING/INDIRECT LABOR

DEPARTMENT: Trailer Assembly Experience RV Assembly Experience Truck Assembly Experience Metal Electrical Sidewalls/Shelling Floor or Roof Building Lamination Final Finish Graphics Plumbing Paint Quality/Inspection Systems Check Cabinet Building Upholstery Repair Bay Mechanical Assembly Detailing Maintenance Janitorial Shipping/Receiving Wire Harness Assembly Utility/Swing Material Handler	SKILLS/EXPERIENCE: Read Tape Measure Read Blueprints Convert to decimals 110 V Electrical 220V Electrical HVAC Certification Equipment Repair/Maintenance Welding Certification CNC Equipment/Programming Adhesives/bonding Drywall/Install/Finishing Tractor Driver Delivery Driver Forklift License Scissor Lift Valid Driver's License Valid CDL License Packaging/Shipping Inventory Control/Cycle Count Group Leader Trainer Piece Rate Program Lean Manufacturing Received HR Supervisor Training 5S <input type="checkbox"/> 1HC	TOOLS/EXPERIENCE: Welding, MIG – Steel Welding, MIG – Aluminum Welding, TIG - Aluminum Plasma Cutter Cutting Torch Table Saw Chop Saw Radial Arm Saw Panel Saw Jig Saw Router/Routing Band Saw Miter Saw Screw Gun Bar Coding/Scanning Computer Hoist/Overhead Drill Torque Wrench Brake Press Pneumatic (Air) Tools Other relevant Experience: _____ _____
--	---	---

Supervision – Number of Employees Supervised: _____ Direct Reports: _____ Indirect Reports: _____

Mark those skills with which you have proficient experience: Office/Administration/Leadership

Circle One: 1=Entry Level 2 = Efficient 3= Expert

Sales – Inside	N/A	Keyboard Speed	N/A	Human Resources	N/A
Sales – Outside	N/A	Calculator Speed	N/A	Payroll (Software _____)	N/A
Customer Service	N/A	Receptionist	N/A	MRP MRPII ERP	N/A
Call Center	N/A	Shorthand/Dictation	N/A	TQM	N/A
Marketing	N/A	Executive Assistant	N/A	Programming	N/A
Accts Payable Mgr.	N/A	Admin Assistant	N/A	LANGUAGES: _____	N/A
Accts. Receivable	N/A	Postage/Metering	N/A	_____	N/A
Accounting Mgr.	N/A	Microsoft Word	N/A	Apple/MAC Computer	N/A
Financial Statements	N/A	Microsoft Excel	N/A	Leadership/Dept. Head	N/A
Purchasing/Buyer	Expert	Microsoft PowerPoint	N/A	Six Sigma (Belt) _____	N/A
Sourcing/Negotiation	Expert	Microsoft Access	N/A	Team Leader	N/A
Chassis Procurement	N/A	Adobe Photoshop	N/A	Supervisor	N/A
Expediting	N/A	Quality Team Leader	N/A	# of reports _____	N/A
Auditing	N/A	Engineer _____	N/A	Department Head # reports _____	N/A
IT Network Admin	N/A	Degree _____	N/A	List other software experience	N/A
Website Programming	N/A	CAD _____	N/A	_____	
Website Administration	N/A	3D CAD _____	N/A	_____	N/A
Materials/Costing	N/A				

List other experience: _____

CERTIFICATIONS: _____

APPLICANT STATEMENT

I certify that all information provided herein is true, complete and correct. I understand that any information provided herein that is found to be false, incomplete or misrepresented by me will be sufficient cause to cancel further consideration of this application, or immediately discharge me from my employment.

I expressly authorize the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Featherlite and Exiss Sooner Trailer Manufacturing for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Featherlite & Exiss does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment. I understand that my application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am extended an offer of employment, I will be required to successfully pass a post-offer drug screen and provide proof of identity and legal authority to work in the United States and that any federal immigration laws require me to complete an I-9 form in this regard.

Applicant Signature Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

Remarks: _____

Exceptions: _____

E-VERIFY _____ DRUG SCREEN BCHK SAFETY BEN BEN EFF: _____
Date Date

HIRED: Yes No Hire Date: _____ Seniority Date: _____ Hourly Salary

Payroll: Weekly Bi-Weekly Annually Exempt Nonexempt

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

POSITION: _____ DEPT: _____ LOC: _____

HIRING MANAGER APPROVAL: _____ DATE: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

DATE: _____

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

GENDER: Male Female

<input type="checkbox"/> Hispanic or Latino	Persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.
If not Hispanic or Latino:	
<input type="checkbox"/> White (No Hispanic or Latino)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	Persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian (Not Hispanic or Latino)	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino)	Person having origins in any of the original peoples of North and South America, (including Central America) and who maintain tribal affiliation or community recognition.
<input type="checkbox"/> Two or more races (Not Hispanic or Latino)	All Persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

VETERAN STATUS: Are you a Veteran? Yes No

Note: Specific Veteran data is collected at the time of hire.

Featherlite Trailer Manufacturing is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on Page 1. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.