## Lichtsinn RV Application for Employment

Lichtsinn RV is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, sexual orientation, age, marital status, national origin, disability, Veteran status or on any other basis prohibited by the applicable laws.

MPLOYMENT DESIRED OSITION:DATE YOU CAN START:			SALAR	SALARY DESIRED:		
PERSONAL INFORMA	TION					
NAME:		DRIVER'S LICENSE:				
Last Name	First	Middle	Numb	per Exp. Date S	State	
PRESENT ADDRESS:						
	eet and Number YOU LIVED THER	,	State	Zip		
PREVIOUS ADDRESS:Str						
Str HOW LONG DID Y	eet and Number OU LIVE THERE?	City	State	Zip		
TELEPHONE NUMBER:		Are you 18	3 Years of Age or O	lder?		
☐ YES ☐ NO Have you had any driving cor ☐ YES ☐ NO If yes, please give date and c Have you ever been convicte investigation or proceeding? If yes, describe when the con rehabilitation.	letails:d of a crime or rece YES NO viction occurred, the	ived a verdict of anyt	hing other than not	guilty in any criminal		
EDUCATION						
	ELEMENTARY	HIGH SCHOOL	COLLEGE	TRADE OR BUSINES	SS	
School Name						
Did you Graduate or # of Years						
Completion						
Course of Study						
Describe area of Areapplicable to position		ing				

## RECORD OF PREVIOUS EMPLOYMENT

Please list names of previous employers in chronological order with most recent/current employer listed first. Be sure to account for all periods of time.

Name of Present/ Last Employer	Employed From (mo./yr.)	Pay Start \$:	Title or Position	Reason for Leaving
Address:	To: (mo./yr.)		Name of Last Supervisor:	
City, State, Zip Code		Final	Supervisor.	
Telephone		\$		
Previous Employer	Employed From (mo./yr.)	Pay Start \$:	Title or Position	Reason for Leaving
Address:	To: (mo./yr.)		Name of Last Supervisor:	
City, State, Zip Code		Final	Supervisor.	
Telephone		\$		
Previous Employer	Employed From (mo./yr.)	Pay Start \$:	Title or Position	Reason for Leaving
Address:	To: (mo./yr.)		Name of Last Supervisor:	
City, State, Zip Code		Final	Supervisor.	
Telephone		\$		
Previous Employer	Employed From (mo./yr.)	Pay Start \$:	Title or Position	Reason for Leaving
Address:	To: (mo./yr.)		Name of Last Supervisor:	
City, State, Zip Code		Final	Supervisor.	
Telephone		\$		
Please explain any gaps in your e	employment history:	<u> </u>	1	
Are there any other experiences, (computer experience, technical of				ion desired?

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Please list names of persons not related to you, whom you have known at least one year, including a previous supervisor if possible. These should include both personal and work references.

Name	Occupation/Place of Employment	Relationship To	# of Years Acquainted	Telephone #/ Address

## APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will be for no definitive period of time.

I consent to take any physical examinations, including, but not limited to, tests for alcohol or drugs, that may be requested by the Company. (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including, but not limited to, the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to the Company. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I will be terminated.

I hereby authorize the Company to obtain from schools, former and current employers, government agencies or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied, my driving record and my criminal record, regardless of whether the information is favorable or unfavorable to me. I promise to hold harmless, convenant not to sue and release the Company, the entities and individuals contacted and their agents from any and all liability which may directly or indirectly result or flow from the obtaining and use, disclosure and/or dissemination of such information.

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other then its owner, has the authority to modify this relationship or to make any agreement to the contrary.

I have read this employment application and I fully understan of the information that I have provided on this application is tr any of the information called for. I understand that any false s connection with this application, in interviews, or in respondin sufficient grounds for my rejection as an applicant or my dism when the falsity or omission is discovered.	rue and accurate, and that I have not omitted statements or omissions made by me in ng to further requests for information is
Signature of Applicant	Date