

Company: G o s h e n C o a c h

Application for Employment

Please print accurate answers to all questions.

This information will be treated confidentially.

We appreciate your interest in our company and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Name (Last, First, Middle)	Social Security Number	Date
Present Address	Home Phone: ()	
	Cell Phone: ()	
	How Long?	

How did you learn about us?

- Advertisement Employee Relative School Walk-in
 Government Employment Agency Private Employment Agency
 Other _____

To Applicant: Read this introduction carefully before answering any questions. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability that prohibits the applicant from performing the essential functions of the job with or without reasonable accommodation, or any other legally protected status.

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present Selective Service Classification	Selective Service Number?
Branch <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force	Reserve Status	<input type="checkbox"/> Ready <input type="checkbox"/> Retired <input type="checkbox"/> Stand-By <input type="checkbox"/> None
Date Entered	Date Discharged	Rank at Discharge
Describe Military Duties:		

FOR PERSONNEL DEPARTMENT USE ONLY

Date of Employment	Orientation Date	
Job Title	Rate	Department
Personnel Representative	Supervisor's Name	Date

PERSONAL

Are you at least 18 years of age? Yes No

If you are under 18, can you furnish a work permit? Yes No

Have you been convicted of a crime in the past seven years?

If YES, describe in full. A conviction will not necessarily bar employment. Fair consideration will be given to, date of offense, seriousness and nature of violation and rehabilitation.

Yes No _____

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?

Proof of citizenship or immigration status will be required upon employment. Yes No

Do you have any family business or social obligations that would prevent you from:

Working Consistently? Yes No Working Overtime? Yes No Traveling? Yes No

List names(s) and/or relationship(s) of relatives currently working for the Company.

Position(s) Applied For:	Expected Pay \$	Would You Work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Specify days and hours if part time:
Method of transportation to get to work:		Were you previously employed by this company or any other division of Thor Industries? Please specify company(s)	

If your application is considered favorably, what date could you report for work? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Complete	Did You Graduate	Last Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4 5 6	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

MARK THOSE SKILLS WITH WHICH YOU HAVE EXPERIENCE:

Experience in: Bus MotorHome Travel Trailer Other (Specify) _____

INDUSTRIAL			
EXPERIENCE	SAWS	SPECIAL SKILLS	ASSEMBLY
<input type="checkbox"/> Metal	<input type="checkbox"/> Table	<input type="checkbox"/> Forklift Training	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Roofing	<input type="checkbox"/> Chop	<input type="checkbox"/> Forklift License	<input type="checkbox"/> Wire Harness
<input type="checkbox"/> Sidewalls/shelling	<input type="checkbox"/> Radial Arm	<input type="checkbox"/> Valid CDL License	<input type="checkbox"/> Cabinets
<input type="checkbox"/> Floors	<input type="checkbox"/> Jig	<input type="checkbox"/> Valid Driver's License	
<input type="checkbox"/> Chassis Prep	<input type="checkbox"/> Band	<input type="checkbox"/> CNC Equipment	WELDING
<input type="checkbox"/> Lamination	<input type="checkbox"/> Other	<input type="checkbox"/> Htg. & A/C Certification	<input type="checkbox"/> Mig
<input type="checkbox"/> Final Finish	AIR TOOLS	MANAGEMENT	<input type="checkbox"/> Aluminum
<input type="checkbox"/> Graphics Tape	<input type="checkbox"/> Nail Gun	<input type="checkbox"/> TQM	<input type="checkbox"/> Steel
<input type="checkbox"/> Milling	<input type="checkbox"/> Screw Gun	<input type="checkbox"/> Teaching/Training Exp.	<input type="checkbox"/> Plasma
<input type="checkbox"/> Inspection	<input type="checkbox"/> Staple Gun	<input type="checkbox"/> Supervisory Exper.	<input type="checkbox"/> Cutting Torch
<input type="checkbox"/> Systems Check	<input type="checkbox"/> Air Drill	# people supervised ____	<input type="checkbox"/> Welding
<input type="checkbox"/> Painting/Body Repair		<input type="checkbox"/> Rec'd Supv. Training	Certification

ADMINISTRATIVE				
ADMINISTRATIVE	COMPUTER		ACCOUNTING	OTHER
<input type="checkbox"/> Typing/Keyboard WPM _____	<input type="checkbox"/> Microsoft Word Version _____	<input type="checkbox"/> IBM or Compatible	<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Sales/Marketing Training Product
<input type="checkbox"/> Receptionist Max # of Lines ____	<input type="checkbox"/> Excel	<input type="checkbox"/> Chassis Procurement	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> MRP/MPRII
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Pagemaker	<input type="checkbox"/> Internet/Intranet	<input type="checkbox"/> Payroll	
<input type="checkbox"/> Shorthand/Dictation	<input type="checkbox"/> Access/Dbase	<input type="checkbox"/> Programming List Languages _____	<input type="checkbox"/> Financial Statements	
<input type="checkbox"/> Filing	<input type="checkbox"/> J. D. Edwards World Software _____	<input type="checkbox"/> Computer Network	<input type="checkbox"/> Cost Accounting/B.O.M.	
<input type="checkbox"/> Ten Key/Touch	<input type="checkbox"/> CAD	<input type="checkbox"/> LAN	MANAGEMENT	
<input type="checkbox"/> Data Entry	Software _____	<input type="checkbox"/> WAN	<input type="checkbox"/> Supervisory Training	
	Version _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Supervisory Experience	
	<input type="checkbox"/> 3D CAD		<input type="checkbox"/> # People Supervised__	

OTHER RELATIVE EXPERIENCE

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

1				
Company Name	From (MO/YR) To (MO/YR)	Starting Salary	Last Salary	Name of Supervisor
Address	Describe in detail the work that you did			Telephone
City, State, Zip				Reason for Leaving
Type of Business				

2				
Company Name	From (MO/YR) To (MO/YR)	Starting Salary	Last Salary	Name of Supervisor
Address	Describe in detail the work that you did			Telephone
City, State, Zip				Reason for Leaving
Type of Business				

3				
Company Name	From (MO/YR) To (MO/YR)	Starting Salary	Last Salary	Name of Supervisor
Address	Describe in detail the work that you did			Telephone
City, State, Zip				Reason for Leaving
Type of Business				

REFERENCES (NOT RELATIVES)

Name	Business	Address	Telephone

May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NOT, indicate by number which one(s) you do not wish us to contact
IN CASE OF EMERGENCY, NAME, ADDRESS AND PHONE NUMBER OF PERSON TO BE CONTACTED: _____	

In consideration of my employment, I agree to conform to the Company's rules and regulations, and that my employment and compensation can be terminated with or without notice, at any time at either my option or the Company's. I understand that neither this document nor any offer of employment from the company constitutes an employment contract unless a specific document to that affect is executed by the Company President and the employee in writing.

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application or interview(s) shall be considered sufficient cause for dismissal. You are hereby authorized to check references on employers indicated above.

I am aware that if I am extended an employment offer, a pre-employment physical examination, including drug testing, is required and all employment offers are contingent upon successfully passing this examination.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with Thor Industries, Inc. or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. I understand that if I become an employee of Thor Industries, Inc. at any time in the future, this application of employment will become a part of my official employment record. I further acknowledge that Thor Industries, Inc. will be relying on the information contained in this application in any hiring decisions and that I am contractually bound by the terms contained herein.

Signature of Applicant