



EMPLOYMENT APPLICATION

3016 Kansas Avenue, Building 14, Riverside, CA 92507

Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability or protected veteran status

PLEASE PRINT

Today's Date _____

PERSONAL INFORMATION

Last Name First Name Middle Initial

Street Address

City State Zip Code Phone Number

Position Applying for: _____

Are you available to work: Full Time Part-time Temporary

Are you available to work any shift: Yes No- If no, what shift are you available to work? _____

Are you available to work weekends? Yes No Are you available to work overtime? Yes No

How did you hear about the job opening? Radio TV Newspaper Ad Internet Posting Job Fair
 Friend/ Relative- Please provide name of friend or relative _____

Note: we may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale or if doing so could create conflicts of interest

Have you ever applied for work with us? Yes No Have you worked for us before? Yes No- If yes, when _____
Do you have a reliable means of transportation to and from work? Yes No Are you at least 18 years old? Yes No

Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation?
 Yes No- If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a skill and/or agility tests.)

EDUCATION / TRAINING

SCHOOL	NAME	ADDRESS	GRADUATED	DEGREE / DIPLOMA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at Eclipse RV?
 Yes No- If yes, please explain _____

EMPLOYMENT HISTORY

Name of Employer		Type of Business	Phone Number	Supervisor's Name
Address			Dates of Employment From _____ To _____	
Your Position	Reason for Leaving			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer		Type of Business	Phone Number	Supervisor's Name
Address			Dates of Employment From _____ To _____	
Your Position	Reason for Leaving			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer		Type of Business	Phone Number	Supervisor's Name
Address			Dates of Employment From _____ To _____	
Your Position	Reason for Leaving			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name	Occupation	No. of Years Known
Address		Phone Number
Name	Occupation	No. of Years Known
Address		Phone Number
Name	Occupation	No. of Years Known
Address		Phone Number

Initials	Declaration Statement
	I hereby state that all the information that I have provided on this application, and in any job interview, is true, complete and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably.
	I understand that I may be required to submit to a test for the presence of controlled substances and/or illegal drugs in my system prior to employment and at any time during my employment, to the fullest extent permitted by law. I also understand that my ability to begin employment may be contingent upon my passing of a drug test and/or physical examination performed by a doctor selected by the Company. I consent to the disclosure of the results of any drug test and/or physical examination to Company.
	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials	Declaration Statement
	<p>I understand that the Company may investigate my criminal record and my employment history. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against the Company my former employers, their agents, employees and representatives, as well as other individuals who disclose information to the Company and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the person named as reference to provide the Company with any pertinent information they may have regarding me.</p>
	<p>I understand that if hired, the Company can change wages, benefits, and regulations, terms and conditions at any time and for any reason. I agree to comply with and be bound by rules and regulations of the Company as in effect from time to time.</p>
	<p>If hired, I agree that my employment will be terminable at-will and for no definite period. I agree that my employment may be terminated by the Company or myself at any time and for any reason whatsoever, with or without good cause. No implied, oral or written agreements contrary to the express language of this agreement or purporting to amend or modify this agreement are valid unless they are in writing and signed by the President of the Company. I understand that no supervisor or representative of the Company has any authority to make any agreements contrary to the forgoing and only in writing. This agreement and the policies constitute the entire agreement between myself and the Company regarding the rights of the Company or myself to terminate my employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representation, and understandings of myself and the Company.</p>
	<p>I agree that any claim, dispute, or controversy (including, but not limited to, any and all claims of discrimination and harassment) which would otherwise require or allow resort to any court or other government dispute resolution forum between myself and the Company (or its owners, directors, officer, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether, based on tort, contract, statutory, or equitable law, or otherwise, (with the sole explanation of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers Compensation Act, and Employment Development Department claims), shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal., Code Civ. Proc. Sec. 1280 et seq., including Section 1283.05 and all of the Act's other mandatory and permissive rights to discovery); provided, however, that : in addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in California courts, the following shall apply and be observed: all rules of pleading (including the rights of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgments, judgement on the pleadings, and judgement under the Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 41 (b). as</p>
	<p>I reasonably required to allow full use and benefit of this agreement's modifications to the act's procedures, the arbitrator shall extend the times set by the act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to reversal and remand, modification, or reduction following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a Civil judgment following court trial</p>

Applicant's Signature _____ **Date** _____