



Employment Application – Short Form

An Equal Opportunity Employer

Please Print

Date	Last Name	First Name	Middle
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Present Address:

_____	City	State	Zip
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Permanent Address (if different from present address):

_____	City	State	Zip
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(____) _____	(____) _____	____-____-____
Business Phone	Home Phone	Social Security Number

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for R.V.Jensen Inc. before?.....Yes ___ No ___
 If yes, when? _____

Do you have any friends or relatives working for R.V.Jensen Inc.?.....Yes ___ No ___
 If yes, state name(s) and relationship:

_____	Relationship
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_____	Relationship
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Why are you applying for work at R.V.Jensen Inc.? _____

If hired, would you have a reliable means of transportation to and from work?.....Yes ___ No ___

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.).....Yes ___ No ___

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....Yes ___ No ___

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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 medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.).....Yes ___ No ___
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip	_____	Yes _____ No _____	_____
College/ University	_____ Name _____ Address _____ City State Zip	_____	Yes _____ No _____	_____
Vocational/ Business	_____ Name _____ Address _____ City State Zip	_____	Yes _____ No _____	_____
Health Care	_____ Name _____ Address _____ City State Zip	_____	Yes _____ No _____	_____

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching resume.

Name of Employer	(____) _____ Telephone Number
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: From _____ To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference?.....Yes__No__	

Name of Employer	(____) _____ Telephone Number
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: From _____ To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference?.....Yes__No__	

Name of Employer	(____) _____ Telephone Number
Type of Business	Your Supervisor's Name
Address & Street	City State Zip
Dates of Employment: From _____ To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties	
Reason for Leaving	
May we contact this employer for a reference?.....Yes__No__	

Note: Attach additional page(s) if necessary

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) _____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) _____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) _____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

Please read carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designed representative.

Date

Applicant's Signature