



ShareMyRV
 1026 Mission Rock Road
 Santa Paula, CA 93060

Date of Application

Month	Day	Year

Position

A separate application is required for each position. Type or print in black or blue ink.

(Required) Job Number	Title	Department
-----------------------	-------	------------

Will you work:
 Full Time Part Time Temporary

Referred by:

General Information

Last Name	First Name	Middle
-----------	------------	--------

Address

City	State	Zip Code
------	-------	----------

Home Phone	Message Phone	Email
------------	---------------	-------

Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	--

Have you had any moving violations in the last 3 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Ticket	In what state?	What was the ticket for?	What was the outcome?
---	---------------------	----------------	--------------------------	-----------------------

Have you driven any large equipment, trucks or RV? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you owned or operated an RV in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of RV?	Have you ever towed a trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Combined length of the RV and towed trailer?
--	---	------------------	--	--

Have you ever been convicted of a criminal offense by any court? Yes No

- This includes any offense where you were found guilty, pled guilty or pled nolo contendere. You may omit:
- traffic violations for which the fine imposed was \$300.00 or less;
 - conviction of misdemeanor while under the age of 18, if the record was sealed under Penal Code 1203.45; or
 - any conviction specified in the Health and Safety Code Section 11361.5 which pertains to various marijuana offenses.

If you answer "yes", please list the dates, places, and specific offense(s) on this form.
 A conviction will not necessarily disqualify you from consideration for employment.

Education

Name of School	Location	No. of Units Completed	G.P.A.	Degree or Diploma	Major	Minor

Are you attending school right now? <input type="checkbox"/> Yes <input type="checkbox"/> No	What hours?	Course of study:	Do you plan further educational study? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", what field and where?
---	-------------	------------------	--	---------------------------------

Language Ability
 Answer if the position you are applying for requires proficiency in language(s).

English	Speak	Read	Write	Other	Speak	Read	Write
---------	-------	------	-------	-------	-------	------	-------

List membership in professional societies and/or certificates and licenses. Give state, number, and expiration date.
 (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)

Additional information including special projects, skills, published writings, training, machines operated special interests and community activities.
 (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry, or physical handicap.)

Employment Record

List your present or most recent employer first and include U.S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude names or organizations, which may reveal your race, color, religion, national origin, or ancestry.) Describe senior project, M.A., M.S., or Ph.D. thesis if appropriate.

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Additional Employment Record

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Position Title	Start Date	End Date	Start Salary	End Salary
Employer	Type of Business		Hours Per Week	Total Yrs./Mos.
Street Address, City, State, Zip Code				
Immediate Supervisor	Phone Number			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties Performed				

Additional Comments (if any)

Disclosure

We reserve the right to do random drug testing on all employees.

Authorization

I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for separation.

Applicant's Signature

Date

Please fill out the application and FAX it to 805.484.8404