



<b>FOR OFFICE USE ONLY</b>	
DATE RCVD:	_____
INTERVIEW:	_____
OFFER DATE:	_____
HIRE DATE:	_____
START DATE:	_____

# EMPLOYMENT APPLICATION

**“AN EQUAL OPPORTUNITY EMPLOYER”**

All qualified applicants will receive consideration without unlawful discrimination on the basis of race, color, creed, sex, age, religion, national origin, disability, union affiliation, or any other classification prohibited by federal, state, or any local laws.

Protection and dissemination of personal information entered on this form shall be limited to the intended purpose of this form in accordance with the Company’s policies of protection or data privacy in employment records.

This application will remain active for 30 days from the completion date. After this period a new application will be required.

It is absolutely critical that the applicant supply all information requested completely and accurately. Failure to do so may result in the application not being considered.

**“DRUG TESTING AND FINGERPRINTING REQUIRED”**

<b>PLEASE PRINT OR TYPE</b>			<b>PERSONAL</b>
LAST NAME	FIRST NAME	MIDDLE NAME	CELL PHONE/HOME PHONE NUMBER
CURRENT MAILING ADDRESS (STREET)			OTHER PHONE NO. WHERE YOU CAN BE REACHED
(CITY, STATE, AND ZIP CODE)			ARE YOU 18 OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL ADDRESS:			CAN YOU PROVIDE DOCUMENTATION TO VERIFY YOUR IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. FOR CHAMPION? <input type="checkbox"/> YES <input type="checkbox"/> NO

**POSITION APPLYING FOR**

FOR WHAT POSITION OR TYPE OF WORK ARE YOU APPLYING?	ARE YOU INTERESTED IN	DATE AVAILABLE
1. _____	<input type="checkbox"/> FULL TIME	STARTING WAGE DESIRED
2. _____	<input type="checkbox"/> PART TIME	
	<input type="checkbox"/> TEMPORARY	

ARE YOU ABLE TO PERFORM THE JOB-RELATED FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR CHAMPION? IF YES, GIVE DATES <input type="checkbox"/> YES <input type="checkbox"/> NO
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(IF THE ANSWER TO THIS QUESTION IS “NO”, THE COMPANY WILL ASK YOU TO DESCRIBE OR DEMONSTRATE HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE TO PERFORM JOB RELATED FUNCTIONS.)	HAVE YOU EVER BEEN GRANTED A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE LEVEL OF CLEARANCE, DATE GRANTED AND WHERE EMPLOYED?
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**WHAT PROMPTED YOU TO APPLY AT CHAMPION?**

ADVERTISEMENT     
  AGENCY / SEARCH FIRM     
  EMPLOYEE \_\_\_\_\_  
 FRIEND     
  COLLEGE RELATIONS     
  OTHER \_\_\_\_\_

DO YOU HAVE A JOURNEYMAN LICENSE? STATE(S) AND #(S) \_\_\_\_\_

DO YOU HAVE A CONTRACTOR LICENSE? TYPE(S), #(S), ACTIVE? \_\_\_\_\_

**TRAVEL / RELOCATION**

DRIVERS LICENSE NUMBER: \_\_\_\_\_ HAS YOUR LICENSE EVER BEEN SUSPENDED?    YES    NO

CAR INSURANCE COMPANY: \_\_\_\_\_ DO YOU HAVE DAILY TRANSPORTATION TO THE JOB?    YES    NO

MAXIMUM COMMUTE DISTANCE: \_\_\_\_\_ CAN YOU TRAVEL IF A JOB REQUIRES IT?    YES    NO

ARE YOU WILLING TO RELOCATE?  YES    NO

ARE YOU WILLING TO WORK OVERTIME AS REQUIRED?    YES    NO (IF YES, ARE THERE ANY RESTRICTIONS?)

\_\_\_\_\_

**WORK HISTORY:** PLEASE INDICATE YOUR LAST TEN YEARS OF EMPLOYMENT. DO NOT OMIT ANY EMPLOYERS. USE ADDITIONAL PAPER IF NECESSARY. (INCLUDE VOLUNTEER AND MILITARY EXPERIENCE) THIS SECTION MUST BE COMPLETED BY THE APPLICANT)

ARE YOU PRESENTLY EMPLOYED?  YES  NO      MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

<b>PRESENT EMPLOYER</b>	TYPE OF BUSINESS	PHONE NO.	SUPERVISOR'S NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)			DATES EMPLOYED FROM: _____
NATURE OF DUTIES			TO: _____ HRS PER WEEK: _____

REASON FOR LEAVING OR SEEKING A CHANGE OF POSITION

<b>1<sup>ST</sup> PREVIOUS EMPLOYER</b>	TYPE OF BUSINESS	PHONE NO.	SUPERVISOR'S NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)			DATES EMPLOYED FROM: _____
NATURE OF DUTIES			TO: _____ HRS PER WEEK: _____

REASON FOR LEAVING OR SEEKING A CHANGE OF POSITION

<b>2<sup>ND</sup> PREVIOUS EMPLOYER</b>	TYPE OF BUSINESS	PHONE NO.	SUPERVISOR'S NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)			DATES EMPLOYED FROM: _____
NATURE OF DUTIES			TO: _____ HRS PER WEEK: _____

REASON FOR LEAVING OR SEEKING A CHANGE OF POSITION

<b>3<sup>RD</sup> PREVIOUS EMPLOYER</b>	TYPE OF BUSINESS	PHONE NO.	SUPERVISOR'S NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)			DATES EMPLOYED FROM: _____
NATURE OF DUTIES			TO: _____ HRS PER WEEK: _____

REASON FOR LEAVING OR SEEKING A CHANGE OF POSITION

If you have been unemployed for a period of two consecutive months or more, please provide the dates of unemployment and an explanation below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL BACKGROUND

HIGH SCHOOL OR INSTITUTION		LOCATION			DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE DID YOU GET YOUR APPRENTICE TRAINING?					GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADVANCED EDUCATION – UNIVERSITY, COLLEGE, VOCATIONAL/TECHNICAL SCHOOL – APPLICANTS MAY BE ASKED TO FURNISH TRANSCRIPTS OF SCHOOL OR COLLEGE WORK						
NAME OF INSTITUTION		LOCATION			DATES ATTENDED	
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERT. GRANTED	CREDITS	GPA	MAJOR AND MINOR OR OTHER COURSE OF STUDY		
NAME OF INSTITUTION		LOCATION			DATES ATTENDED	
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERT. GRANTED	CREDITS	GPA	MAJOR AND MINOR OR OTHER COURSE OF STUDY		
NAME OF INSTITUTION		LOCATION			DATES ATTENDED	
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERT. GRANTED	CREDITS	GPA	MAJOR AND MINOR OR OTHER COURSE OF STUDY		
NAME OF INSTITUTION		LOCATION			DATES ATTENDED	
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERT. GRANTED	CREDITS	GPA	MAJOR AND MINOR OR OTHER COURSE OF STUDY		

SCHOLASTIC AWARDS, HONORS, ETC.

## SKILLS

LIST OTHER COURSES, TRAINING OR SKILLS YOU FEEL WOULD BE USEFUL IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITIONS YOU ARE SEEKING.

COMPUTER HARDWARE & SOFTWARE SKILLS:

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SPECIAL SKILLS: (CPR/FIRST AID TRAINING, COMPETENT PERSON, POWDER ACTUATED TOOLS, ETC.)

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## GENERAL

LIST ANY ACTIVITIES, VOLUNTEER WORK, MEMBERSHIPS IN PROFESSIONAL HONORARY, AND/OR SCIENTIFIC OR ENGINEERING SOCIETIES, EXPERIENCES, ACHIEVEMENTS OR OTHER INFORMATION YOU FEEL WOULD BE OF USE IN EVALUATING YOUR QUALIFICATIONS. (OMIT THOSE THAT INDICATE YOUR RACE, NATIONAL ORIGIN, SEX AGE, OR POLITICAL AFFILIATION.)

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## REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES (PREFERABLY PREVIOUS SUPERVISORS, TEACHERS, ETC.) WHOM WE MAY CONTACT REGARDING YOUR QUALIFICATIONS.

NAME	PHONE	ADDRESS (STREET, CITY, STATE, ZIP)	OCCUPATION

## AUTHORIZATION AND ACKNOWLEDGEMENT

I AUTHORIZE AN INQUIRY TO BE MADE ON THE INFORMATION CONTAINED IN THIS APPLICATION IF I AM CONSIDERED FOR EMPLOYMENT.

FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS NAMED HEREIN ARE AUTHORIZED TO GIVE INFORMATION ABOUT ME. I HEREBY RELEASE THEM FROM ALL LIABILITY FOR ISSUING SUCH INFORMATION. I HEREBY WAIVE ANY PRIVILEGE I HAVE TO SUCH INFORMATION.

I UNDERSTAND AND ACKNOWLEDGE THAT FULL-TIME EMPLOYMENT WILL BE CONDITIONED UPON A FAVORABLE HEALTH EVALUATION PROCESS WHICH MAY INCLUDE A PHYSICAL EXAMINATION AND CHEMICAL SCREENING FOR ALCOHOL OR PROHIBITED DRUGS. I UNDERSTAND THAT THERE MAY BE A HEALTH EVALUATION PROCESS FOR PART-TIME AND OTHER TYPES OF EMPLOYMENT AS WELL. I UNDERSTAND THAT FUTURE CHEMICAL SCREENING MAY BE REQUIRED AFTER EMPLOYMENT.

I UNDERSTAND AND ACKNOWLEDGE THAT IF ANY MISREPRESENTATION OR OMISSION OF MATERIAL FACTS HAVE BEEN MADE BY ME OR THE RESULTS OF AN INVESTIGATION ARE NOT SATISFACTORY FOR ANY REASON, ANY CONSIDERATION, OFFER, OR ACTUAL EMPLOYMENT BY THE COMPANY MAY BE TERMINATED IMMEDIATELY WITHOUT OBLIGATION OR LIABILITY TO ME OTHER THAN PAYMENT AT THE RATE AGREED UPON, FOR SERVICE ACTUALLY RENDERED, IF I HAD BEEN EMPLOYED.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW, AND NO COMPANY POLICIES, PROCEDURES, OR OTHER HANDBOOKS THAT I MIGHT RECEIVE, ARE INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND MYSELF FOR ANY PARTICULAR PERIOD OF TIME OR FOR ANY PARTICULAR BENEFIT. I UNDERSTAND THAT IF HIRED BY CHAMPION MY EMPLOYMENT WILL BE AT WILL. THIS MEANS THAT I CAN TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, OR NO REASON. SIMILARLY, EMPLOYMENT AT WILL ALSO MEANS THAT CHAMPION MAY TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, OR NO REASON, WITH OR WITHOUT NOTICE. I UNDERSTAND THAT THIS IS THE COMPLETE UNDERSTANDING RELATIVE TO DURATION OF EMPLOYMENT BETWEEN MYSELF AND CHAMPION AND THAT THIS UNDERSTANDING CANNOT BE CHANGED OTHER THAN BY WRITING SIGNED BY THE PRESIDENT OF THE BUSINESS UNIT.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FORGOING IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**THIS APPLICATION IS THE PROPERTY OF CHAMPION.**



3950 Garner Road  
Riverside, CA 92501  
Telephone: CA (951) 276-9616 AZ (480)612-6338  
Fax: (951)276-1400