Application For Employment

INSTRUCTIONS: Complete the experience and qualification sections that are applicable for the position(s) you are applying for. Resumes are accepted in addition to applications

In compliance with State and Federal equal employment opportunity laws,qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. ***Active Trailers is an equal Opportunity Employer.***

Job(s) applied for:

☐ Welder Fab ☐ General Labor ☐ Mach Op ☐ Mechanic ☐ Frame Repair ☐ Maintenance ☐ Paint ☐ Office

Applicant Information:

Date: _____ Email Address: _____

Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Cell Phone Number: _____ Date of Birth: _____

Normal production hours are 8-4:30 Monday through Friday. Occasional overtime may be needed to meet customer needs. Is there any reason you cannot dependably work those hours ? Yes_____ No_____ Do you have the legal right to work in the United States? Yes_____ No_____

Date you could start: _____ Wage Desired: _____ Are you employed now? _____

If yes, may we contact your present employer: _____ Date you left your last job: _____

Have you applied here before? (Year) _____ No ☐

Have you previously worked for Erickson's or Active Trailers?_____ Dates: From _____ To _____

Reason for leaving: _____

Haw did you hear about opportunities with Active Trailers? ☐ Indeed ☐ State Employment Agency

☐ Company Website ☐ Internet Search ☐ Shopper Ad ☐ Radio Ad

Employee Name: _____ Other: _____

Employment History: *Provide employment information for the last five years. Attach a sheet if more space is needed.*

Current / Most Recent Employer: _____ Dates: From: _____ To: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone Number: _____

May we contact your current employer for a reference? ☐ Yes ☐ No Name/Title of Contact: _____

Employer: _____ Dates: From: _____ To: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone Number: _____

May we contact them for a reference? ☐ Yes ☐ No Name/Title of Contact: _____

Employer: _____ Dates: From: _____ To: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone Number: _____

May we contact them for a reference? ☐ Yes ☐ No Name/Title of Contact: _____

Which of these positions did you like best and why? _____

WORK REFERENCES - NO RELATIVES:

Give the names of three references with whom you have WORKED for at least 3 months or more.

1. _____ ☐ Supervisor ☐ Coworker _____
   Name Phone Employer
2. _____ ☐ Supervisor ☐ Coworker _____
   Name Phone Employer
3. _____ ☐ Supervisor ☐ Coworker _____
   Name Phone Employer

MILITARY EXPERIENCE AND EDUCATION:

Have you ever served in the U.S. Armed Forces ? ☐ Yes ☐ No Branch: _____ Rank: _____

Present membership in the National Guard or Reserves? ☐ Yes ☐ No

Special skills / coursework / activities applicable to job requirements: _____

EDUCATION:

Highest Grade Completed: ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ GED Advanced Education: _____

Last school attended: _____ City / State: _____

Special skills / coursework / activities applicable to job requirements: _____

List additional special equipment or technical material you have experience with: _____

_____

EXPERIENCE AND QUALIFICATION - CDL DRIVERS

Have you ever been denied a permit, license, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any permit, license, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If the answer to either question is yes, please explain in detail: _____

List any driving endorsements you have: _____

Please list driving experience, including class of equipment and dates of experience: _____

_____

List traffic convictions for the past three years, exclude parking violations. Include date, location, and charge:

_____

List accident record for the past three years (including nature of accident, injuries, fatalities, etc.):

_____

EXPERIENCE AND QUALIFICATION - WELDER FABRICATION APPLICANTS

Do you have your own basic hand tools? ☐ Yes ☐ No

Would you object to providing your own basic hand tools? ☐ Yes ☐ No

How many years of experience do you have with the following types of welding? ____Steel ____Stainless Steel

____Aluminum ____MIG ____TIG ____Stick ____Flux Core ____Overhead Welding ____Vertical Welds ____Flat

How many years of experience do you have with the following?

____Fabrication ____Body Repair ____Forklift ____Plasma Torch ____Overhead Hoist/Crane ____Hydraulics

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EXPERIENCE AND QUALIFICATION - FABRICATION APPLICANTS

Do you have your own basic hand tools? ☐ Yes ☐ No

Would you object to providing your own basic hand tools? ☐ Yes ☐ No

How many years of experience do you have with the following? ____Band Saw ____Drill Press

____Brake Press ____Plasma Table ____Shear ____Forklift ____Overhead Hoist/Crane ____Plasma Torch

____Hydraulics ____Blueprints ____Tape Measure ____Square

EXPERIENCE AND QUALIFICATION - PAINTER APPLICANTS

Do you have your own basic hand tools? ☐ Yes ☐ No

Would you object to providing your own basic hand tools? ☐ Yes ☐ No

How many years of experience do you have with the following? ____Powder Coat ____Sandblaster

____Reclamation Systems ____Electrostatic Gun ____Liquid Spray Gun ____Forklift

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EXPERIENCE AND QUALIFICATION - MECHANIC APPLICANTS

Do you have your own basic hand tools? ☐ Yes ☐ No

Would you object to providing your own basic hand tools? ☐ Yes ☐ No

How many years of experience do you have with the following? ____Wiring Lights ____Diesel Engine Work

____Brakes ____Hydraulics ____Trailer Repair ____Suspension Work ____Auto Detail ____Body Work

____Parts ____Medium / Heavy Equipment | Other: _____

EXPERIENCE AND QUALIFICATION - OFFICE OR PROFESSIONAL APPLICANTS (Add resume if applicable)

List prior courses, training, or work experiences for office work: _____

_____

How many years of experience do you have with the following? ____Customer Service ____Accounts Payable

____Accounts Receivable ____Multi Line Phone System ____Purchasing ____Truck Equipment Sales

____Human Resources ____Licensing ____Filing ____Data Entry ____Web Design ____Marketing

____3-D Design Drafting ____Decal Machine | Other: _____

APPLICANT CERTIFICATION

I certify that this application was completed by me and the information in it is true and complete to the best of my knowledge.

I authorize Active Trailers (formerly Erickson Trucks N Parts) to make such investigation and inquiries of my personal, employment, financial, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Active Trailers.

**Applicant Signature **Applicant Printed Name **Date

If you have questions about employment at Active Trailers, call 866-800-8000

Return your completed application to Active Trailers using one of the following

Mail: Active Trailers
Attention Human Resources
PO Box 351
Jackson, MN 56143

or

Email to brooke@ericksontrucks.com

Thank you for filling out an application for employment with Active Trailers!