



Employment Application

Please complete this application by typing or printing in ink.
INCOMPLETE, UNLEGIBLE, OR UNSIGNED applications will not be considered.

Rogue Truck Body LLC is an Equal Opportunity Employer, we do not discriminate based on race, religion, color, sex, age, national origin, marital status, or disability. The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or if hired may be grounds for termination at a later date.

PERSONAL INFORMATION:

Applicants Name: _____ Today's Date: _____
Present Address: _____

City _____ State _____ Zip _____
Mailing Address: _____
City _____ State _____ Zip _____

Phone () _____ Message Phone () _____

- Do You Have A Reliable Means of Transportation: Yes [] No []
- Are You a US Citizen? Yes [] No [] If No, are you authorized to work in the U.S? _____
- Are You a Veteran? Yes [] No [] Branch of Service _____ Discharge Date: _____
- Are You a Member of the National Guard? Yes [] No []

Department You are Applying for:

Machining [] Welding [] Paint [] Assembly [] Parts [] Any [] Office / Administrative []

Specific Position Applied for: (If answering advertisement) _____
Date You Can Start: _____ Desired Salary: _____

Have You Ever Work for or Applied at Rogue Truck Body Before: Yes [] No [] When: _____

EDUCATION / EXPERIENCE:

Name of High School: _____ State: _____ Diploma [] GED []
College / Post-Secondary Education: _____ Degree: AA [] BA [] MA []

Welding Experience: Yes [] No []
School: _____ Certificate In: _____

Mechanical Experience: Yes [] No []
School: _____ Certificate In: _____

Additional Certifications, Special Skills etc.

LIST REFERENCE (Must Be Those Who Can Attest To Your Work Experience / Training:

Name _____ City/State _____ Phone (____) _____ - _____
Name _____ City/State _____ Phone (____) _____ - _____
Name _____ City/State _____ Phone (____) _____ - _____

WORK EXPERIENCE:

Company Name: _____ Supervisor: _____
Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
Dates of Employment: From (Mo/Yr) _____ / _____ To (Mo/Yr) _____ / _____
Description of Duties, Skills, Equipment Used: _____

Reason for Leaving: _____
May We Contact This Employer Yes [] No [] If no please give reason: _____

Company Name: _____ Supervisor: _____
Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
Dates of Employment: From (Mo/Yr) _____ / _____ To (Mo/Yr) _____ / _____
Description of Duties, Skills, Equipment Used: _____

Reason for Leaving: _____
May We Contact This Employer Yes [] No [] If no please give reason: _____

Company Name: _____ Supervisor: _____
Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
Dates of Employment: From (Mo/Yr) _____ / _____ To (Mo/Yr) _____ / _____
Description of Duties, Skills, Equipment Used: _____

Reason for Leaving: _____
May We Contact This Employer Yes [] No [] If no please give reason: _____

With my signature below (typed or written) I certify that all information on this and all attached pages are true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____