



A SPARTAN MOTORS BRAND

# Smeal SFA, LLC.

## A SPARTAN MOTORS BRAND Application For Employment

TO THE APPLICANT:

SPARTAN MOTORS, INC. CORPORATION DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, AND VETERAN STATUS OR ANY OTHER PROHIBITED BASIS. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

**THIS APPLICATION WILL BE KEPT ACTIVE FOR 30 DAYS FOR PRODUCTION POSITIONS OR 60 DAYS FOR SALARIED/ADMINISTRATIVE POSITIONS. IF YOU WOULD LIKE CONSIDERATION AFTER THAT, YOU CAN FILE A NEW APPLICATION IF POSITIONS ARE AVAILABLE.**

**General Information** (Please Print)

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME \_\_\_\_\_

LAST

NAME

MIDDLE

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_ OTHER NUMBER \_\_\_\_\_

PRODUCTION \_\_ DRIVER \_\_ OFFICE/ADMINISTRATION \_\_ OTHER \_\_\_\_\_ (PLEASE STATE)

Do you have the legal right to live and work in the U.S.?       Yes       No

If hired, can you provide the documentation required by U.S. law?       Yes       No

How were you referred to Spartan Motors

\_\_\_\_\_

Are you at least 18 years old?       Yes       No      If under 18, what is your age? \_\_\_\_\_

**FOR APPLICANTS APPLYING FOR DRIVERS POSITION ONLY; INCLUDING A JOB DRIVING A COMPANY VEHICLE.**

Do you have in your possession a legal and current drivers license? \_\_\_\_\_ For which state? \_\_\_\_\_

Type of license you possess? Chauffeurs  CDL  Other \_\_\_\_\_

Experience operating manual transmission       No       Yes      How many years? \_\_\_\_\_

In case of emergency name and phone #:

\_\_\_\_\_

HAVE YOU: Since the age of 18, ever been convicted of a misdemeanor or felony? NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness. If so, please advise nature and date. (Please continue on back if necessary.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever worked for this company before? \_\_\_ Yes \_\_\_ No

Please indicate when and position held. \_\_\_\_\_

Under any other name? If so, under what name. \_\_\_\_\_

Do you have a relative or friend employed by this company? (NOTE: For job assignment only) \_\_\_ Yes \_\_\_ No

Associate's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you applying for FULL TIME \_\_ PART-TIME \_\_ SUMMER \_\_ 1st SHIFT \_\_ 2nd SHIFT \_\_ 3rd SHIFT \_\_

Are you currently employed? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

If you are accepted for employment, when would you be available? \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience including the use of hand and power tools: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you were in the military and/or employed by the government, please detail the job experience gained there: Branch:

\_\_\_\_\_  
 \_\_\_\_\_

Dates Served, From \_\_\_\_\_ To: \_\_\_\_\_

**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	JOB RELATED COURSES STUDIED	CIRCLE LAST YEAR COMPLETED	MONTH AND YEAR GRADUATED
GRAMMAR\ JUNIOR HIGH			1 2 3 4 5 6 7 8	
HIGH SCHOOL			9 10 11 12	
COLLEGE OR TECHNICAL			1 2 3 4	
OTHER				

**EXPERIENCE: (Enter most recent employment first)**

Name/Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job  
 Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting \$: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Okay to Contact?  Yes  No If no, provide details/alternatives: \_\_\_\_\_

Name/Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job  
 Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting \$: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Okay to Contact?  Yes  No If no, provide details/alternatives: \_\_\_\_\_

Name/Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job  
 Title/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting \$: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Okay to Contact?  Yes  No If no, provide details/alternatives: \_\_\_\_\_

**REFERENCES: (Previous supervisors preferred)**

NAME/CURRENT COMPANY	PHONE NO.	OCCUPATION

THIS AREA IS RESERVED FOR COMMENTS YOU WISH TO MAKE CONCERNING INFORMATION NOT COVERED IN THIS APPLICATION FORM; THIS IS OPTIONAL AND NOT REQUIRED FOR COMPLETION OF YOUR APPLICATION.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SMEAL FIRE APPARATUS, A SPARTAN MOTORS, INC. CORPORATION (402) 568-2224**

610 W. 4<sup>TH</sup> STREET

SNYDER, NE 68664

rev.01/17

HR-0085

**A SPARTAN MOTORS, INC. CORPORATION**

**APPLICANT CERTIFICATION**

1. I certify that the answers and information given in this application are true and complete. I understand that any false or misleading information provided, or omitted, on this application, in my resume, or during any interview is grounds to disqualify me for consideration for employment and, if discovered after my hire, is grounds for discharge.
2. Except where indicated above, I authorize you to contact my present and former employers, references, schools, and other sources to investigate my background and to verify any of the information contained in this application, in any accompanying resume, or in any interview. I further authorize those employers, references, schools, and other sources to give Spartan Motors, Inc. Corporation any and all information concerning my previous employment, education, conduct, and any other relevant information they may have, personal or otherwise.
3. I hereby release and forever discharge all such persons, companies or other sources, and their agents and associates, and Spartan Motors, Inc. Corporation and its agents and associates, from any and all claims, known or unknown, which may result from the disclosure or collection of the requested information.
4. I understand that this application for employment is not a contract of employment and that if I am hired, my employment with Spartan Motors, Inc. Corporation is at-will and can be terminated without cause and without notice at the option of the company or myself.
5. I certify that no representations have been made to me, written or oral, that alter the at-will nature of the employment relationship. I further understand that the at-will nature of the employment relationship may not be changed unless specifically acknowledged in writing by the President of Spartan Motors, Inc. Corporation in a document signed by both me and the President.

I acknowledge by my signature that I have read and understand the above.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE • FOR OFFICE USE ONLY**

INTERVIEWED BY:	DATE:	COMMENTS:

REFERENCES CHECKED:	DATE:	COMMENTS:

<b>Date:</b> <small>INDS02 KYK 556468v1</small>	<b>Plant:</b>	<b>Dept #:</b>	<b>Title:</b>
<b>Group/Code:</b>	<b>Rate:</b>	<b>File #:</b>	<b>Seniority Date:</b>
<b>Badge #:</b>	<b>Increase Date/Amount:</b> _____ \$ _____ \$ _____		
<b>SSC:</b> _____		<b>IST Notified:</b> _____	
<b>FLSA:</b>	<b>Supervisor:</b>	<b>Marital Status:</b>	
<b>Notes:</b>			