Lazydays

If you love RVing – this is home

APPLICATION FOR EMPLOYMENT

All information must be completed to be considered.

Please Print Date: _____ /_____ /_____

Name: _____ Nick Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: (__) _____ Home phone: (__) _____ e-mail _____

OTHER NAMES USED IN PAST: _____

PREVIOUS ADDRESSES IN THE LAST SEVEN YEARS

ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Position applying for: _____ Salary requested: _____

Have you ever applied here before? ☐ Yes ☐ No If yes, when? _____

Have you ever worked here before? ☐ Yes ☐ No If yes, when? _____

Are you at least 18 years of age? ☐ Yes ☐ No

Are you willing to submit to pre-employment drug testing? ☐ Yes ☐ No

Type of work desired: ☐ Full Time ☐ Part Time ☐ Regular/On-going ☐ Seasonal/Occasional

List the earliest and latest hours you are available to work each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Are you presently employed? ☐ Yes ☐ No If yes, may we contact your current employer? _____

How did you hear about Lazydays? _____

Do you have any friends or relatives who work here? ☐ Yes ☐ No

If yes, please list name(s)/relationship(s): _____

Are you legally eligible for employment in the United States? _____

Have you ever been terminated or asked to leave any job? _____ If yes, please explain: _____

_____

_____

List any special skills or training you have which may qualify you for this position: _____

_____

WORK EXPERIENCE

List all work experience, starting with the most recent, and explain any gaps.
(Please do not indicate "see resume." Attach an additional sheet if necessary.)

Employer name, address and telephone number:	Dates: from / / to / /	Supervisor's name:
		Job duties:
	Salary/hourly rate:	Reason for leaving:
	Title:	

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		Job duties:
	Salary/hourly rate:	Reason for leaving:
	Title:	

MILITARY SERVICE

To be completed only if you served in the military:

Branch: _____

How many years did you serve? _____

Rank at discharge: _____ Type of work performed: _____

Last duty station: _____

Were you honorably discharged? _____

If no, please explain: _____

CONVICTIONS / CIVIL LAWSUITS

FOR PURPOSES OF THE FOLLOWING QUESTION "CONVICTED" INCLUDES PLEADING GUILTY OR NOLO CONTENDERE, REGARDLESS OF ADJUDICATION. A conviction does not automatically mean you won't be considered for employment. What you were convicted of and how recently will be evaluated in relation to the position for which you are applying. Give all facts so that a decision can be made. If your answer is "YES", list all convictions against you in a court of law to include criminal convictions. Traffic violations within the last three years (other than parking), and/or accidents for which you have been charged must be listed below. You may omit: (1) Traffic violations for which you paid a fine of $30.00 or less: (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.

Have you ever pled "guilty" or "no contest" to, or been convicted of, any crime, other than minor traffic offenses? This includes any charge where adjudication has been withheld.

☐ Yes ☐ No

Are you now, or have you ever been, on probation or involved in a pretrial intervention program, where criminal charges were subject to dismissal if you successfully completed the probation or program?

☐ Yes ☐ No

Do you currently have any charges pending disposition?

☐ Yes ☐ No

If Yes, complete this section:

Date	Offense	Sentence/Details

Has a lawsuit ever been filed against you, in which it was alleged that you intentionally injured, attempted to injure, threatened or defrauded another person or company. o Yes o No

If yes, please indicate the nature of the lawsuit, the approximate date the suit was filed, the court in which it was filed and the disposition of the action: _____

_____

EDUCATION

	School name	City/State	Did you graduate? Degree received/Major	Date graduated or years attended
High School				
College(s)				
Trade/ Vocational				

REFERENCES

List at least three business/work/professional references who are not relatives.
If not applicable, list three school or personal references who are not relatives.

Name	Company	City, State	Telephone Number
			( )
			( )
			( )
			( )

CERTIFICATION OF INFORMATION
CONSENT FOR SUBSTANCE TESTING

I certify that all of the information I have given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and hereby release the company from any liability as a result of such investigation. I understand that misrepresentations, omissions of fact and/or incomplete or untrue information requested in this application will remove me from further consideration for employment. I understand also that if employed, my employment will be subject to termination if any of the information contained herein is subsequently found to be untrue, to contain misrepresentations or to contain omissions of fact.

I understand that, if employed, my employment with the company is for no specific term and may be terminated by me or the employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, customer business practice or other procedure (including the employer's personnel handbook or any company manuals) constitute an employment contract or modification of the at-will employment relationship between me and the company. The company may, where allowed by law, require applicants for employment to undergo drug testing.

I acknowledge that this application will remain active for 90 days from the date of application. If I have not been offered employment at the conclusion of the 90 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the company.

I understand that if I receive an offer of employment, the offer is contingent on my passing a background check and drug screening to the satisfaction of Lazydays. Upon conditional offer of employment at Lazy Days RV Center, Inc., I agree to undergo pre-employment urinalysis and/or blood tests by a doctor selected by the company and understand the cost of same will be paid by the company. I further understand that during my employment the company may require me to undergo blood and/or urinalysis tests, as a condition of employment, and that at the time of any such examination, I will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, and that refusal to submit to such testing may be grounds for dismissal.

Finally, I understand that the results of any such examinations and/or tests shall be made available to the company, and certain of its employees or agents, on a need to know basis.

Signature of Applicant: _____ Date: _____/_____/_____

Lazy Days RV Center, Inc. Is An Equal Opportunity Employer

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Consent to Background Investigation Release of Information

In connection with my application for employment with Lazy Days RV Center, Inc., and in accordance with the Federal Fair Credit Reporting Act (FCRA), I authorize Lazy Days RV Center, Inc., and its respective agents to solicit information about my background including, but not limited to, information as to my job experience and performance, education, consumer credit history, driving record, military service records, criminal records, civil litigation records and general public records history.

I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation, and that under the FCRA, I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I request this information, in writing, from the Human Resources Department.

I also understand that I may request a summary of my rights under the FCRA if I am notified that an investigative consumer report has been procured. I understand I may contact the Federal Trade Commission about my rights under the FCRA as a consumer with regard to consumer reports and consumer reporting agencies.

Name (print):_____

Last First Middle JR/SR/ETC.

Applicant's Signature: _____ Date: _____

Disclosure Form

In connection with my application for employment (including contract for services) with Lazydays, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information.

Applicant's signature: _____

*Social Security Number: _____/_____/_____ *Date of Birth: _____/_____/_____

Driver's License Number: _____ State: ___ Expiration Date: _____/_____/_____

(*You are not obligated to provide us with your Social Security Number or Date of Birth at this time. If a job offer is extended to you, this information will be needed to obtain accurate retrieval of records. You may wait to give us this information until the time a job offer is extended to you.)

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.
Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position Applied For: _____

Name: _____ Social Security #_____

Sex: (Circle appropriate response) Male Female Date of Birth:_____

Applicant's Zip Code: _____

ETHNIC GROUP:
(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaskan Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

☐ N/A - Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

VETERAN STATUS:
(Please check one if it describes your veteran status.)
_____SPECIAL DISABLED VETERAN: Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
_____VIETNAM ERA VETERAN: A Vietnam era veteran is a person who (1)served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2)was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
_____NEWLY SEPARATED VETERANS: Newly separated veterans' means any veteran who served on active duty in the U.S. military, ground, naval, or air service during one-year period beginning on the date of such veteran's discharge or release from active duty.
_____OTHER VETERANS: Other Veterans means veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.