



Application for Employment

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based on a person's race, color, religion, creed, sex, gender, national origin, genetic information, age, disability status, pregnancy, uniformed service, protected veteran status, or any other characteristic protected by state or local law. Cavco will provide reasonable accommodations to allow an applicant to participate in the hiring process if so requested. This application is considered current for 90 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Cell Phone: _____ Email: _____

Home Phone: _____ Desired Salary: \$ _____
 Position Applied for: _____ Date Available: _____

Are you currently eligible to work in the United States and authorized to work for this Company on an ongoing indefinite basis?
 YES [] NO []

Will you now or in the future require sponsorship by this Company to obtain or maintain employment eligibility? YES [] NO []

Have you ever worked for Cavco Industries, or any of its subsidiary companies? YES [] NO []

If Yes: When: _____ Where: _____

Do you currently have any relative working for Cavco Industries or subsidiary companies? YES [] NO []

Applying for: Full Time: _____ Part Time: _____

How did you hear about our opportunity? _____

Education/Skills

High School: _____ Address: _____

Did you graduate? YES NO
 GED: _____

College: _____ Address: _____

Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO
 Degree: _____

Additional Skills: _____

Current and Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference? Phone: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference? Phone: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference? Phone: _____

Professional References

Please list three professional references of someone who is not a relative.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____

Disclaimer and Signature

I wish to be considered for employment with Cavco Industries, Inc. or its subsidiaries (the "Company"). I hereby authorize the references listed above to give the Company any and all information concerning my previous employment and any pertinent information they may have regarding my work performance and character and I release all persons and entities from all liability with respect to furnishing such information to the Company. I certify that the information contained in the Application for Employment is correct to the best of my knowledge. I understand that this information will be used by the Company in considering my employment and that any falsification of this information may result in the Company's refusal to hire me or, if then employed, in my immediate dismissal. I understand and agree that, if employed, the period of my employment shall be at will and that I may terminate my employment with the Company or be terminated by the Company at any time with or without cause and with or without notice at the option of either myself or the Company. I understand that this application is not a contract or guarantee of employment. I further acknowledge that any offer of employment may be a conditional offer of employment pending successful completion of a drug screening and/or background check.

For California Applicants: I recognize that I may waive any right to receive a copy of any public record obtained by the Company when conducting a background investigation of me per the requirements of California's Investigative Consumer Reporting Agencies Act (California Civil Code § 1786, et. seq.). I may waive my right by checking this box:

I do not wish to receive a copy of any public records obtained by the Company about me through non-ICRA sources.

For Arizona Applicants: The Smoke-Free Arizona Act, A.R.S. § 36-601.01, prohibits smoking in places of employment and within 20 feet of all entrances, open windows, or ventilation systems.

Signature: _____ Date: _____



Candidate Questionnaire

CONDITIONS FOR OBTAINING EMPLOYMENT:

- I am at least 18 years of age..... [] Yes [] No
- I am legally eligible to work in the United States..... [] Yes [] No
- I am able to pass a drug screen..... [] Yes [] No
- I have a High School diploma or GED equivalent..... [] Yes [] No

GENERAL PRODUCTION JOB REQUIREMENTS/INFORMATION

- I have the ability to lift and carry up to 50 pounds repetitively..... [] Yes [] No
- I have the ability to be on my feet (standing and walking) for up to 4 hours..... [] Yes [] No
- I have the ability to perform a job that includes repetitive stooping, bending..... [] Yes [] No
- I have the ability to perform a job that includes repetitive crouching, crawling..... [] Yes [] No
- I have the ability to perform a job that includes repetitive pushing and pulling..... [] Yes [] No
- I have the ability to work in a fast-paced environment with little supervision..... [] Yes [] No
- I have a reliable way to get to and from work..... [] Yes [] No
- The scheduled workweek is Monday thru Friday, I understand occasional Overtime and Saturday work may be required..... [] Yes [] No

Acknowledgment:

I have read, understand, and can meet all of the conditions and requirements listed above.

Print Name _____ Signature _____ Date _____



Knowledge and Tool Checklist

Tool	#of years/months used
Circular (skill) saw	/
Pneumatic nail gun	/
Speed Square	/
Radial arm (pull) saw	/
Miter (chop) saw	/
Tape measure	/
Knowledge	#of years/months used
Rough carpentry	/
Finish carpentry	/
Drywall finish	/
Ceramic tile	/
Plumbing	/
Electrical	/
Welding	/
Blueprint reading	/
CPR/First aid	/