



EMPLOYMENT APPLICATION

Personal Data

Name: _____ Date: _____

Address: _____

City: _____ St.: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Do you have a valid driver's license? **Yes** **No** License No. _____ Exp. Date: _____

Social Security Number: _____

Do you have adequate transportation to and from work? **Yes** **No**

Have you been cited for a traffic violation of any kind within the last FIVE years? **Yes** **No**
If yes, please give date and details:

Who were you referred by? _____

Position Applying For:

Education

Education	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diplomas or Degrees				
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Skills & Extra-Curricular Activities				

Record of Previous Employment

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If you were self-employed, give the business name and supply business references. (Attach extra pages if necessary.)

Present or Last Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
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City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone		\$		

References

List professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

Name	Occupation	Address	Telephone	Years Known

Additional Information

Have you ever been terminated or asked to resign from any job? Yes No

If yes, explain the circumstances:

Please explain any gaps in your employment history:

May we contact your most current employer? Yes No

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes No
(If yes, give details and dates of each:

Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial?

Yes No

Experience

Please indicate any actual work experience you have in any of the following areas or positions:

Administration	Sales	Production	Other
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Sales Person Retail	<input type="checkbox"/> Frame Technician	<input type="checkbox"/> Shop Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Sales Person Service	<input type="checkbox"/> Universal Bench Systems	<input type="checkbox"/> Service Manager
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Sales Person Wholesale	<input type="checkbox"/> Dedicated Jig Systems	<input type="checkbox"/> Service Writer/Advisor
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Department Sales Manager	<input type="checkbox"/> Body Technician	<input type="checkbox"/> Estimator
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Regional Sales Manager	<input type="checkbox"/> Mig Welding	<input type="checkbox"/> Insurance Adjuster
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> Oxy/Acetylene Welding	<input type="checkbox"/> Insurance Appraiser
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Salesperson (New Car)	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Shop Foreman
<input type="checkbox"/> Cashier	<input type="checkbox"/> Sales Person (Used Car)	<input type="checkbox"/> Suspension & Steering	<input type="checkbox"/> Production Manager
<input type="checkbox"/> Job Costing	<input type="checkbox"/> Phone Sales	<input type="checkbox"/> Wheel Alignment	<input type="checkbox"/> Department Manager
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Customer Service Representative	<input type="checkbox"/> Plastic Repair	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Insurance Claims		<input type="checkbox"/> Cooling Systems	<input type="checkbox"/> Parts Counter Person
<input type="checkbox"/> Word Processing		<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Inventory Control
<input type="checkbox"/> Computer Accounting		<input type="checkbox"/> ABS Brakes	<input type="checkbox"/> Purchasing Agent
<input type="checkbox"/> Financial Statements		<input type="checkbox"/> Air Bag Systems	<input type="checkbox"/> Advertising/Marketing
<input type="checkbox"/> Financial Analysis		<input type="checkbox"/> Exhaust Systems	
<input type="checkbox"/> Real Estate		<input type="checkbox"/> Automotive Electrical	
<input type="checkbox"/> Tax Returns		<input type="checkbox"/> Apprentice/Helper	
		<input type="checkbox"/> Color Matching	
		<input type="checkbox"/> Computerized Paint Mixing	
		<input type="checkbox"/> Paint Preparation	
		<input type="checkbox"/> Refinish Technician	
		<input type="checkbox"/> Machine Polishing	
		<input type="checkbox"/> Detailer	
		<input type="checkbox"/> Maintenance	
		<input type="checkbox"/> Glass Installation	

Remarks and Special Qualifications: (Please include any computer systems and programs with which you are familiar.)

I hereby state that all the information that I provided on this application is true and correct.

Signature of Applicant

Date