



Employment Application

Personal Data

Name:

Date:

Position Applying For:

Address:

City:

State:

Zip:

Home Phone:

Mobile Phone:

Do you have a valid driver's license?

Yes

No

License No.

Expiration Date:

Have you been cited for a traffic violation of any kind within the last FIVE years?

Yes

No

Ever convicted of a felony? **If yes, please explain.**

If yes, please give date and details:

Ever work under a different name? **If yes, please explain.**

Who were you referred by?



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Education			
Education	High School	College or Technical School	Graduate/Professional
School Name:			
Years Completed			
Diplomas or Degrees			
Describe Course/ Study of Major			

Describe Specialized Training, Military Experience, Skills & Extracurricular Activities:

Hobbies:

When can you start and what hours are you available to work?

What did you earn the last two years?



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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.

Record of Previous Employment

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



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Record of Previous Employment continued

Present or Last Employer	Employed	Salary	Your Title or Position	Name of Last Supervisor
Address	Employed From (mo/yr)	Start \$		
	City, State, Zip	To (mo/yr)		
Telephone				
Present or Last Employer	Employed	Salary	Your Title or Position	Name of Last Supervisor
Address	Employed From (mo/yr)	Start \$		
	City, State, Zip	To (mo/yr)		
Telephone				
Present or Last Employer	Employed	Salary	Your Title or Position	Name of Last Supervisor
Address	Employed From (mo/yr)	Start \$		
	City, State, Zip	To (mo/yr)		
Telephone				



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

References				
Name	Occupation	Relationship	Telephone	Years Known

Please explain any gaps in your employment history:

May we contact your most current employer?

Yes

No



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

Experience			
Administration	Sales	Production	Other
<input type="checkbox"/> Office Manager <input type="checkbox"/> Book Keeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Warranty Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier <input type="checkbox"/> Job Costing <input type="checkbox"/> Receptionist <input type="checkbox"/> Insurance Claims <input type="checkbox"/> Word Processing <input type="checkbox"/> Computer Accounting <input type="checkbox"/> Financial Statements <input type="checkbox"/> Financial Analysis <input type="checkbox"/> Real Estate <input type="checkbox"/> Tax Returns	<input type="checkbox"/> Salesperson Retail <input type="checkbox"/> Salesperson Service <input type="checkbox"/> Salesperson Wholesale <input type="checkbox"/> Department Sales Manager <input type="checkbox"/> Regional Sales Manager <input type="checkbox"/> Leasing Manager <input type="checkbox"/> Salesperson (New Car) <input type="checkbox"/> Salesperson (Used Car) <input type="checkbox"/> Phone Sales <input type="checkbox"/> Customer Service Rep.	<input type="checkbox"/> Blueprinting <input type="checkbox"/> Frame Technician <input type="checkbox"/> Dedicated Jig Systems Body <input type="checkbox"/> Technician Mig Welding <input type="checkbox"/> Oxy/Acetylene torch <input type="checkbox"/> Mechanic <input type="checkbox"/> Suspension & Steering <input type="checkbox"/> Wheel Alignment <input type="checkbox"/> Plastic Repair <input type="checkbox"/> Plastic Welding <input type="checkbox"/> Cooling Systems <input type="checkbox"/> Air Conditioning <input type="checkbox"/> ABS Brakes <input type="checkbox"/> Air Bag Systems <input type="checkbox"/> Exhaust Systems <input type="checkbox"/> Automotive Electrical <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"/> Nib & Buff <input type="checkbox"/> Detailer <input type="checkbox"/> Reconditioning of Vehicles <input type="checkbox"/> Maintenance <input type="checkbox"/> Glass Installation or Repair <input type="checkbox"/> Body Repair – Cosmetic <input type="checkbox"/> Body Repair – Structural <input type="checkbox"/> Aluminum Repair/Training <input type="checkbox"/> Squeeze Resistant Spot Welding <input type="checkbox"/> I-CAR Training	<input type="checkbox"/> Shop Manager <input type="checkbox"/> Service Manager <input type="checkbox"/> Service Writer/Advisor <input type="checkbox"/> Estimator <input type="checkbox"/> Insurance Adjuster <input type="checkbox"/> Insurance Appraiser <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Production Manager <input type="checkbox"/> Department Manager <input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Counter Person <input type="checkbox"/> Inventory Control <input type="checkbox"/> Purchasing Agent <input type="checkbox"/> Advertising Agent <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Explain _____ _____ _____



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

Signature and Consent

I hereby state that all the information that I provided on this application is true and correct. I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquires may be made on me including previous employers, schools, criminal convictions, motor vehicle and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. I hereby consent to obtaining the above information from previous employers and other authorized agents. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant Date

Email: _____

Phone: _____