

APPLICATION FOR EMPLOYMENT

Chuck's Collision Shop is an equal opportunity employer, dedicated to a policy of nondiscrimination in the employment on any basis including age, sex, race, creed, color, national origin, religion, marital status, physical or mental disability. All persons hired must submit satisfactory proof of employment authorization and identity within (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Date of Application _____ Position Applied For _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____
Code _____

Telephone # _____ Cell # _____

Email Address _____

Are you currently employed? _____ May we contact your employer?

One what date would you be available for work?

Have your been convicted of a crime in the past 7 years?

If so, please explain:

Do you have a valid driver's license?

If no, please explain:

How were you referred to our company?

POSITION DESIRED

_____ Receptionist

_____ Detail Technician

_____ Estimator

_____ Body Technician

_____ Frame Technician

_____ Mechanic

_____ Refinish Technician

_____ Refinish Technician Helper

_____ Maintenance

_____ Shop Assistant/Detailer

Hourly Wage Desired? _____

EDUCATION /TRAINING

High School _____ Years Completed _____ Date _____

College _____ Years Completed _____ Date _____

Trade School _____ Years Completed _____ Date _____

Military _____ Years Completed _____ Date _____

Do you hold any I-Car or ASE Certifications?

If so, what courses:

Other training, certifications, or skills _____

PREVIOUS EXPERIENCE

List your current or most recent employment first. Include work related internships and military work.

Company _____ City _____ State _____

Phone# _____ Position

Start Date _____ End Date

Supervisor's Name _____ Reason for Leaving

Job Title & Duties

List your current or most recent employment first. Include work related internships and military work.

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Company _____ City _____ State

Phone# _____ Position

Start Date _____ End Date

Supervisor's Name _____ Reason for Leaving

Job Title & Duties

WORK REFERENCES

Name _____ Title

Company _____ Phone #

Name _____ Title

Company _____ Phone #

Name _____ Title

Company _____ Phone #

I hereby authorize this company to contact any of the companies I have listed above regarding my previous employment and the professional references I have given.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with this company may be terminated.

Signature

Date

DRUG TESTING CONSENT

I have applied for employment with Chuck's Collision Shop in a position that requires me to operate a vehicle. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Chuck's Collision Shop for the position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Chuck's Collision Shop for screening purposes to conduct such screening and to provide the results to Chuck's Collision Shop, and I release Chuck's Collision Shop and any person affiliated with Chuck's Collision Shop and any such institution or person conducting the screening from liability therefore.

Print Name _____ Date _____

Signature _____