



EMPLOYMENT APPLICATION:

DATE: \_\_\_\_\_

### APPLICANT INFORMATION

POSITION DESIRED: \_\_\_\_\_

☐ PART TIME

☐ FULL TIME

NAME: \_\_\_\_\_  
LAST

FIRST

MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
STREET & NUMBER

CITY, STATE

ZIP CODE

HOW LONG HAVE YOU LIVED THERE: \_\_\_\_\_  
YEARS MONTHS

TELEPHONE #: \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

SSN: \_\_\_\_\_

DESIRED SALARY: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?

☐ YES

☐ NO

IF NO, ARE YOU AUTHORIZED TO WORK IN THE US?

☐ YES

☐ NO

HAVE YOU EVER WORKED FOR PAINT AND COLLISION?

☐ YES

☐ NO

IF YES, WHEN? \_\_\_\_\_

HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED BY A MISDEMEANOR OR FELONY?

☐ YES

☐ NO

IF YES, PLEASE GIVE THE DATE (S) AND DETAILS:

•• ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC OAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. PLEASE DO NOT INCLUDE MINOR TRAFFIC INFRACTIONS OR *ANY* COVICTIONS THAT HAVE BEEN SEALED OR EXPUNGED. ANY CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED, REFERRALS TO AND PARTICIPATION IN ANY PRETRIAL OR POST TRIAL DIVERSION PROGRAMS, AND MARIJUANA RELATED OFFENSES THAT OCCURRED OVER 10 YEARS AGO.

### RECORD OF PREVIOUS EMPLOYMENT

PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYER 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 SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES. REQUEST ADDITIONAL PAGES IF NECESSARY.

<b>Present or last employer:</b> Address: _____ City, State, Zip Code: _____ Telephone: _____	<b>Employed:</b> From (mo/yr) _____ To (mo/yr) _____	<b>Pay:</b> \$ _____ Start \$ _____ Final	<b>Your Title or Position:</b> _____ Name/Title of last Supervisor _____	<b>Exact reason for leaving:</b> _____
<b>Present or last employer:</b> Address: _____ City, State, Zip Code: _____ Telephone: _____	<b>Employed:</b> From (mo/yr) _____ To (mo/yr) _____	<b>Pay:</b> \$ _____ Start \$ _____ Final	<b>Your Title or Position:</b> _____ Name/Title of last Supervisor _____	<b>Exact reason for leaving:</b> _____
<b>Present or last employer:</b> Address: _____ City, State, Zip Code: _____ Telephone: _____	<b>Employed:</b> From (mo/yr) _____ To (mo/yr) _____	<b>Pay:</b> \$ _____ Start \$ _____ Final	<b>Your Title or Position:</b> _____ Name/Title of last Supervisor _____	<b>Exact reason for leaving:</b> _____

<b>Present or last employer:</b> Address: _____ City, State, Zip Code: _____ Telephone: _____	<b>Employed:</b> From (mo/yr) _____ To (mo/yr) _____	<b>Pay:</b> \$ _____ Start \$ _____ Final	<b>Your Title or Position:</b> _____ Name/Title of last Supervisor _____	<b>Exact reason for leaving:</b> _____
<b>Present or last employer:</b> Address: _____ City, State, Zip Code: _____ Telephone: _____	<b>Employed:</b> From (mo/yr) _____ To (mo/yr) _____	<b>Pay:</b> \$ _____ Start \$ _____ Final	<b>Your Title or Position:</b> _____ Name/Title of last Supervisor _____	<b>Exact reason for leaving:</b> _____

PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY:

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? ☐ YES ☐ NO

IF NO, EXPLAIN WHY? \_\_\_\_\_

PLEASE INDICATE ANY ACTUAL EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER USED ANOTHER NAME? ☐ YES ☐ NO - IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF ANY ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD? IF YES, EXPLAIN

\_\_\_\_\_

\_\_\_\_\_

CAN YOU PROVIDE TWO FORMS OF ID? ☐ YES ☐ NO 1. \_\_\_\_\_ 2. \_\_\_\_\_

IF A DRIVERS LICENSE IS REQUIRED FOR THS POSITION YOU ARE APPLYING, DO YOU HAVE A VALID LICENSE? ☐ YES ☐ NO

ISSUING STATE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATION THAT WOULD KEEP YOU FROM PERFORMING THE TASKS REQUIRED? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. \_\_\_\_\_

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? ☐ YES ☐ NO

WOULD YOU BE WILLING TO PARTICIPATE IN TRAINING WORKSHOPS AND SEMINARS AFTER WORK HOURS OR ON WEEKENDS? ☐ YES ☐ NO

HAVE YOUR WAGES BEEN GARNISHED IN THE LAST 9 MONTHS? ☐ YES ☐ NO

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST 3 YEARS DUE TO REASON OTHER THAN PAID HOLIDAYS AND VACATION?

YEAR \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

YEAR \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

YEAR \_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_

## EDUCATION

<u>School Name</u>	<u>Years completed (Circle)</u>	<u>Diploma/Degree</u>	<u>Describe Course of Study or Major</u>	<u>Describe Specialized training, Experience, Skills and Extra- Curricular Activities.</u>
Elementary:	4   5   6   7   8			
High School:	9   10   11   12			
College/University:	1   2   3   4			
Graduate/Professional:	1   2   3   4			
Trade or Correspondence:				
Other:				

**PLEASE CHECK ANY ACTUAL WORK EXPERIENCE YOU HAVE IN THE FOLLOWING POSTIONS:**

<b><u>OFFICE:</u></b> <input type="checkbox"/> OFFICE MANAGER <input type="checkbox"/> BOOK KEEPER <input type="checkbox"/> ACCOUNTS RECIEVABLE <input type="checkbox"/> ACCOUNTS PAYABLE <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> RECEPTIONIST <input type="checkbox"/> CLERICAL-GENERAL <input type="checkbox"/> CUSTOMER SERVICE REP	<b><u>REPAIR/PAINT:</u></b> <input type="checkbox"/> SHOP MANAGER <input type="checkbox"/> ESTIMATOR <input type="checkbox"/> SHOP FOREMAN <input type="checkbox"/> BODY TECH <input type="checkbox"/> PAINTER <input type="checkbox"/> HELPER (PAINT OR BODY) <input type="checkbox"/> DETAILER	<b><u>PARTS/GENERAL</u></b> <input type="checkbox"/> PARTS MANAGER <input type="checkbox"/> PARTS COUNTERPERSON <input type="checkbox"/> PARTS STOCKER <input type="checkbox"/> PARTS DRIVER <input type="checkbox"/> OTHER _____
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## REFERENCES

**PERSONAL REFERENCES – PLEASE LIST PERSONS WHO KNOW YOU WELL, NOT PREVIOUS EMPLOYERS OR RELATIVE.**

Name	Occupation	Address	Telephone No	Number of Years known

DAVIS PAINT & COLLISION DOES COMPLY WITH THE ALL STATE AND FEDERAL AGENCY THAT MAY GARNISH WAGES. I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND I COULD BE TRANSFERRED TO ANY DAVIS PAINT AND COLLISION LOCATION. I ALSO UNDERSTAND I MAY BE REQUIRED TO TAKE A DRUG TEST AND PHYSICAL AT ANY TIME. I ALSO UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY BROKE/LOST AND OR DAMAGED PARTS THAT ARE WITH THE VEHICLE I AM OR HAVE WORKED ON.

I UNDERSTAND AND AGREE THAT, IF HIRED, I AM ON A (90) DAY TRIAL PERIOD AND PAST THIS TIME FRAME, EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

THIS APPLICATION WILL BE ACTIVE FOR THIRTY DAYS, IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE APPLY.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_