



COLLISION MASTERS APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, citizenship status, religion, gender (including pregnancy), national origin, ancestry, age, physical or mental disability, domestic victim status, sexual orientation, marital status, military status, or any other characteristic protected by law, ordinance or regulation. Those applicants requiring accommodation to complete the application and/or interview process should contact Human Resources. We are an equal employment employer.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)		Other Names Used		
Street Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	Email		

Have you ever worked for Collision Masters before?..... Yes No

If yes, please give dates and position:

EMPLOYMENT EXPERIENCE: PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR MOST RECENT EMPLOYER LISTED FIRST. AS NEEDED, YOU MAY INCLUDE ADDITIONAL JOBS ON A SEPARATE PIECE OF PAPER.

Name of Employer:	Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	Main Phone Number:	
Dates Employed (Mon/Yr) From: To:		
Job Title and Duties:	Reason for Leaving:	

Name of Employer:	Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	Main Phone Number:	
Dates Employed (Mon/Yr) From: To:		
Job Title and Duties:	Reason for Leaving:	

Name of Employer:	Supervisor:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	Main Phone Number:	
Dates Employed (Mon/Yr) From: To:		
Job Title and Duties:	Reason for Leaving:	

EDUCATION: PLEASE DESCRIBE YOUR EDUCATIONAL BACKGROUND IN THE TABLE PROVIDED BELOW:

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					

Graduate/ Professional School					
Trade School					
Other					
Military Service					

GENERAL INFORMATION

1. On what date are you available to begin work?
2. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. Are you available to work? Full-time Part-time Shift Work Temporary
4. Are you at least 18 years old? Yes No
 - a. Note: If under 18, your hire is subject to verification that you are of minimum legal age.
5. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
6. Do you have any friends or relatives employed by Collision Masters?..... Yes No
 - a. If yes, please list name and relationship to you:

REFERENCES (PLEASE LIST THREE REFERENCES WE MAY CONTACT REGARDING YOUR EMPLOYMENT HISTORY/ CHARACTER)

Reference Name	Relationship	Contact Information

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION, *PLEASE READ CAREFULLY BEFORE SIGNING*

- I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by Collision Masters that such employment with Collision Masters is at-will, with no specified duration and may be terminated by either Collision Masters or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Collision Masters or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Collision Masters except the Owner has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Owner of Collision Masters.
- I understand that if offered a position with Collision Masters, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.
- I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Collision Masters and/or any of its representatives, agents or vendors.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: _____