



**EMPLOYMENT APPLICATION
HUMAN RESOURCES**

**Collision Service Center
924 Morse Ave
Schaumburg, IL 60193
Phone: 847-895-1776**

***OFFICE USE ONLY
APPLICATION FOR EMPLOYMENT***

INTERVIEWED YES NO
DATE INTERVIEWED _____

PERSONAL INFORMATION:

Position Applying For:	Salary Desired	Are you employed now?
Name (Last Name, First)	Home Phone	Address
City, State, Zip Code	E-Mail Address	Alternate Telephone Number
Referred By	Date You Can Start	Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers License Number
Has Your Drivers License ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, please explain: _____

EMPLOYMENT RECORD:

List all previous employers. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with the present or most recent and work backwards.

Present Job: Employer: _____

Address: _____ City _____ State ____ Zip Code _____

Telephone Number _____ Supervisor _____

From: (month/yr) _____ To: (month/yr) _____ Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties _____

Reason for Leaving _____

Previous Job: Employer: _____

Address: _____ City _____ State ____ Zip Code _____

Telephone Number _____ Supervisor _____

From: (month/yr) _____ To: (month/yr) _____ Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties _____

Reason for Leaving _____

Previous Job: Employer: _____

Address: _____ City _____ State ____ Zip Code _____

Telephone Number _____ Supervisor _____

From: (month/yr) _____ To: (month/yr) _____ Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties _____

Reason for Leaving _____

AWARDS

ACHIEVEMENTS:

SPECIAL SKILLS:

REFERENCES:

Give the names of three people NOT related to you whom you have known for at least one year.

Name	Address	Telephone Number	Years Known

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and that statements made on this application may be checked by Collision Specialists Inc., any falsified statements on this application shall be grounds for dismissal. I authorize Collision Specialists Inc. to contact my prior employers and authorize such prior employers to answer any and all questions regarding my prior employment, my ability to perform the essential functions of the position for which I am applying. In addition, I authorize the release of any and all information that is requested by Collision Specialists Inc. regarding my school and educational records.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: _____ Signature: _____

Hired: _____ Position: _____ Salary: _____