

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?YesNo |
| | | Drivers License Number |
| Has Your Drivers License ever been suspended or revoked?YesNo | | |

If Yes, please explain:

GENERAL INFORMATION

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 High school diploma or GED: __Yes __No. Name and address (city and state) of high school attended: ____

EDUCATION AND SPECIAL TRAINING

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC. BELOW:

| Name and location of Vocational school, training center, institute, etc. | Dates Attended | | | Total Months Completed | Courses or subjects taken | Certificates or Diplomas received | |
|---|----------------|----|----|------------------------------|------------------------------------|---|--|
| | From | Yr | То | Yr | | | |
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LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:

| Name and location of college or university | Dates Attended | | | Total Months Completed | Courses or subjects taken | Certificates or Diplomas received | |
|--|----------------|----|----|------------------------------|------------------------------------|---|--|
| | From | Yr | То | Yr | | | |
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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: | | | ode |
| Telephone Number | Supervisor | | |
| From: (month/yr) | To: (month/yr) | Job Title: | |
| Starting Salary \$ | per | Last Salary \$ | per |
| Duties | | | |
| Reason for Leaving | | | |
| Previous Job: Employe | | | |
| Address: | | | ode |
| Telephone Number | Supervisor | | |
| From: (month/yr) | To: (month/yr) | Job Title: | |
| Starting Salary \$ | per | Last Salary \$ | per |
| Duties | | | |
| Reason for Leaving | | | |
| Dravieve Jehr Employe | | | |
| Previous Job: Employer | | Stata Zin Co | do |
| Address: Telephone Number | | | |
| From: (month/yr) | | | |
| | | | |
| Starting Salary \$ Duties | | Last Salary p | per |
| | | | |
| Reason for Leaving | | | |
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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 |
|------|---------|------------------|-------------|
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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 employement, 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: |