



• Collision • Painting • Repairs

930 State Route 104 / Mifflinburg PA 17844 / 570-966-9286 / FAX 570-966-4644

Employment Application

Personal Data

Name: _____ Date: _____

Position Applying For: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Do you have a valid driver's license? Yes No License #: _____ Exp. Date: _____

Do you have adequate transportation to and from work? Yes No

Have you been cited for a traffic violation of any kind within the last FIVE years? Yes No

If yes, please give date and details: _____

Who were you referred by? _____

Education

Education	Elementary	High School	College/University	Graduation/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diplomas or Degree				
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Skills & Extracurricular Activities				

Record of Previous Employment

Please list the names of your previous employers 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 you were self-employed give the business name and supply business references. Attach extra pages if necessary.

Present or Last Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo/yr)	Start \$		
City, State, Zip	To (mo/yr)	Final \$	Name of Last Supervisor	
Telephone				
Present or Last Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo/yr)	Start \$		
City, State, Zip	To (mo/yr)	Final \$	Name of Last Supervisor	
Telephone				
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Address	From (mo/yr)	Start \$		
City, State, Zip	To (mo/yr)	Final \$	Name of Last Supervisor	
Telephone				

References

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List professional references that are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

Name	Occupation	Address	Telephone	Years Known

Additional Information

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Have you ever been terminated or asked to resign from any job? Yes No

If yes, explain the circumstances:

Please explain any gaps in your employment history:

May we contact your most current employer? Yes No

Have you ever pled guilty or “no contest” to, or been convicted of a misdemeanor or felony? Yes No

If yes, give details and dates of each:

Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial?

Yes No

Experience

=====

Please indicate actual work experience you have in any of the following areas or positions:

Administration	Sales	Production	Other
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Salesperson Retail	<input type="checkbox"/> Frame Technician	<input type="checkbox"/> Shop Manager
<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Salesperson Service	<input type="checkbox"/> Universal Bench Sys	<input type="checkbox"/> Service Manager
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Depart Sales Mgr	<input type="checkbox"/> Dedicated Jig Sys	<input type="checkbox"/> Service Writer
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Regional Sales Mgr	<input type="checkbox"/> Body Technician	<input type="checkbox"/> Service Advisor
<input type="checkbox"/> Payroll Clerk	<input type="checkbox"/> Leasing Manager	<input type="checkbox"/> MIG	<input type="checkbox"/> Estimator
<input type="checkbox"/> Warranty Clerk	<input type="checkbox"/> New Car Sales	<input type="checkbox"/> Oxy/Acetylene	<input type="checkbox"/> Insurance Adjuster
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Used Car Sales	<input type="checkbox"/> TIG	<input type="checkbox"/> Insurance Appraiser
<input type="checkbox"/> Cashier	<input type="checkbox"/> Phone Sales	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Shop Foreman
<input type="checkbox"/> Job Costing	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Suspension/Steering	<input type="checkbox"/> Production Manger
<input type="checkbox"/> Receptionist		<input type="checkbox"/> Wheel Alignment	<input type="checkbox"/> Department Manager
<input type="checkbox"/> Insurance Claims		<input type="checkbox"/> Plastic Repair	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Word Processing		<input type="checkbox"/> Cooling Systems	<input type="checkbox"/> Parts Counter Person
<input type="checkbox"/> Computer Accounting		<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Inventory Control
<input type="checkbox"/> Financial Statements		<input type="checkbox"/> ABS Brakes	<input type="checkbox"/> Purchasing Agen
<input type="checkbox"/> Financial Analysis		<input type="checkbox"/> Air Bag Systems	<input type="checkbox"/> Advertising
<input type="checkbox"/> Real Estate		<input type="checkbox"/> Exhaust Systems	<input type="checkbox"/> Marketing
<input type="checkbox"/> Tax Returns		<input type="checkbox"/> Automotive Electrical	
		<input type="checkbox"/> Apprentice/Helper	
		<input type="checkbox"/> Color Matching	
		<input type="checkbox"/> Computer Paint Mix	
		<input type="checkbox"/> Paint Preparation	
		<input type="checkbox"/> Refinish Technician	
		<input type="checkbox"/> Machine Polishing	
		<input type="checkbox"/> Detailer	
		<input type="checkbox"/> Maintenance	
		<input type="checkbox"/> Glass Installation	

Remarks, Special Qualifications and/or Reasonable Accommodation that are required for employment:

Please include any computer systems and/or programs with which you are familiar.

I hereby State that all the information that I provided on this application is true and correct.

Signature of Applicant

Date