

**EMPLOYMENT APPLICATION**

Date Application Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please print legibly in ink.*

Position Desired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Full Time ☐Part Time

How did you hear about Wards Collision Center? ☐Newspaper ☐Agency ☐Job Fair

☐Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked for Wards Auto Body? ☐No ☐Yes If yes, when and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL NAME:**

\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been known by any other name? ☐ No☐ Yes

If yes, please provide all names you have used or been known by to enable accurate verification of your employment and education history.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a driver’s license is required for the position for which you are applying, do you have a valid driver’s license? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐Yes ☐No

Are you over 18 years of age? ☐Yes ☐No Can you furnish proof of age? ☐Yes ☐No

Can you accept a position immediately? ☐Yes ☐No

If not, when are you available to begin work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:**

Please list Undergraduate/College Record*:*

Degree/Certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special skills/training relevant to the position for which you are applying:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES:**

List 3 people whom you have known for at least 2 years. Do not list previous employers or relatives.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Occupation | Address | Telephone | Yrs. Known |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**MILITARY SERVICE:**

Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY/WORK EXPERIENCE:**

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all period of time including military service and any period of unemployment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current or Last Employer:  Address:  Phone: | Dates Employed:  From:  To: | Pay Rate:  Start:  Final: | Title/Position:  Supervisor:  May we contact:  ☐ Yes ☐ No | Reason Left: |
|  |  |  |  |  |
| Previous Employer:  Address:  Phone: | Dates Employed:  From:  To: | Pay Rate:  Start:  Final: | Title/Position:  Supervisor:  May we contact:  ☐ Yes ☐ No | Reason Left: |
|  |  |  |  |  |
| Previous Employer:  Address:  Phone: | Dates Employed:  From:  To: | Pay Rate:  Start:  Final: | Title/Position:  Supervisor:  May we contact:  ☐ Yes ☐ No | Reason Left: |
|  |  |  |  |  |
| Previous Employer:  Address:  Phone: | Dates Employed:  From:  To: | Pay Rate:  Start:  Final: | Title/Position:  Supervisor:  May we contact:  ☐ Yes ☐ No | Reason Left: |

Please explain any gaps in your employment history:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your present employer? ☐Yes ☐ No If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

☐ Service Manager ☐ Electrician ☐ Parts Driver

☐ Service Writer ☐ Service/Repair Helper ☐ Body Shop Painter

☐ Dispatcher ☐ Parts Manager ☐ Body Repair

☐ Shop Foreman ☐ Parts Counter ☐ Sales

☐Mech/Tech ☐ Parts Stock

**WARD’S COLLISION CENTER IS AN EQUAL OPPORTUNITY EMPLOYER**