



**EMPLOYMENT APPLICATION  
HUMAN RESOURCES**

**Collision Specialists Inc.  
1410 21<sup>st</sup> Ave NW  
Austin, MN 55912  
507-437-2837**

OFFICE USE ONLY

INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE INTERVIEWED _____

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Position Applying For:	Salary Desired	Are you employed now?
Name (Last Name, First)	Social Security Number	Date You Can Start
Address	Home Phone	Alternate Telephone Number
City, State, Zip Code	Referred By	E-Mail Address
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**

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**ACHIEVEMENTS:**

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**SPECIAL SKILLS:**

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**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: \_\_\_\_\_