

# IMPACT COLISION CENTER APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

| Name and Address   |                               |  |                               |  |                               |   |                               |
|--|-------------------------------|--|-------------------------------|--|-------------------------------|---|-------------------------------|
| Name (First, MI, Last)   |                               |  |                               | Social Security Number                 |                               |   |                               |
| Mailing Address  |                               |  |                               |  |                               |   |                               |
| City, State, and Zip Code  |                               |  |                               |  |                               |   |                               |
| Telephone  |                               |  |                               | Alternate Phone                        |                               |   |                               |
| If under 18, please list age   |                               |  |                               | Email                                  |                               |   |                               |
| Job Type   |                               |  |                               |  |                               |   |                               |
| Days/hours available to work   |                               |  |                               |  |                               |   |                               |
| <input type="checkbox"/> I have no preference.   | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues.         | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs.        | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat.               | <input type="checkbox"/> Sun. |
| I am seeking a:  |                               | <input type="checkbox"/> Full-time job |                               | <input type="checkbox"/> Part-time job |                               | <input type="checkbox"/> Full- or Part-time |                               |
| How many hours can you work weekly?  |                               |  |                               | Can you work nights?                   |                               | Date available to begin                     |                               |
| Additional Information   |                               |  |                               |  |                               |   |                               |
| Have you ever been employed by this organization in the past?  |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?              |                               |  |                               |  |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| If Yes, please explain:  |                               |  |                               |  |                               |   |                               |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                               |  |                               | Driver's license number                |                               | Issued in what state?                       |                               |
| Have you had any accidents during the past three years?  |                               |  |                               |  |                               | How many?                                   |                               |
| Have you had any moving violations during the past three years?  |                               |  |                               |  |                               | How many?                                   |                               |

**Education**

| School | Location (mailing address) | Years Completed | Major | Degree or Diploma |
|--------|----------------------------|-----------------|-------|-------------------|
|--------|----------------------------|-----------------|-------|-------------------|

**High School**

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**College or Business/Trade School**

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|--|--|--|--|--|
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|  |  |  |  |  |

**Military**

|   |                              |                             |                |
|---|------------------------------|-----------------------------|----------------|
| Have you even been in the Armed Forces?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date entered   |
| Are you now a member of the National Guard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge date |

Specialty

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

### Work Experience (continued)

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

### References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date