



Beaver County Collision & Detail Center

Employment Application

We offer equal employment opportunities to all persons without regard to race, sex, creed, national origin, handicap or any other categories restricted by law. Federal law also prohibits discrimination because of age with respect to individuals who are at least 40 but less than 70 years of age. All statements made on this form and all other associated employment application documents will be carefully checked for accuracy. The use of this form does not mean that there are positions open and does not obligate us in any way.

Applicant Information

INSTRUCTIONS: Please *PRINT* legibly. Complete all items. All items left blank may delay the processing of your application. If any sections are not applicable to you, please write "N/A." Attach additional sheets if needed and your resume if available.

Full Name: _____ Date: _____
Last First M.I.

Present Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Phone number at which you can be contacted between 9 AM and 5 PM weekdays: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position(s) Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you eligible to be bonded? YES NO Have you ever refused bond? YES NO

If yes, explain

Do you currently have a valid Driver's License? YES - State _____ NO

Have you been convicted of any moving violations in the past four years? YES NO

If yes, explain: _____

Have you ever been discharged or requested to resign from a job(s)? **YES** **NO**

If yes, explain: _____

Are there days or times you cannot work? **YES** - When?: _____ **NO**

How much time have you missed from work in the past two years other than holidays and vacations? _____

Are you over the age of 18? **YES** **NO** If no, employment subject to verification that you are of minimum legal age.

Is there anything that might preclude you from performing the duties of this job? **YES** **NO**

If yes, explain: _____

Type of employment desired: **Full Time** **Part Time** - Days/ Hours: _____

Range of pay expected: From _____ to _____ per _____

When could you report to work? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? **YES** **NO** Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? **YES** **NO** Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? **YES** **NO** Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that the information given by me on this application form and all other application documents is true in all respects and I agree that, if employed and it is found to be false in any way, I may be dismissed without notice. I authorize the use of any information on this application and/ or otherwise provided by me to verify my statements and I authorize my past employers, doctors, references, and any/ all other persons to answer all questions asked regarding my ability, character and previous employment record. I expressly release all such parties from any liability or damages on account of having provided such information.

If employed, I acknowledge that my employment is mutually terminable at will and that the first 90 days are considered an introductory period. Once employed, I further agree to submit to a physical examination, as provided for or restricted by law, whenever requested at no personal expense and agree that the examiner may disclose to the company or its representatives the results of such an examination. If employed, I expressly agree to abide by all present and subsequently issued company policies and procedures.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____