

553 Auto Body & Collision Services

5290 Rt. 553 Hwy
Clymer, PA 15728

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____
PERSONAL INFORMATION: _____ DATE OF BIRTH _____

NAME: _____ S.S. NUMBER _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANANT ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ ARE YOU 18 YRS OR OLDER? ___ YES ___ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ YES ___ NO
IF SO WHEN AND WHAT FOR? _____

ARE YOU ABLE TO LIFT 40 LBS.? ___ YES ___ NO

HAVE YOU EVER BEEN INJURED ON THE JOB? ___ YES ___ NO
IF YES -EXPLAIN _____

HAVE YOU EVER COLLECTED WORKERS COMPENSATION BENEFITS ?
___ YES ___ NO, IF YES EXPLAIN _____

DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO

DO YOU HAVE RELIABLE TRANSPORTATION? ___ YES ___ NO

EMPLOYMENT DESIRED: _____ SALARY _____
POSTION: _____ DATE YOU CAN START: _____ DESIRED: _____

IF SO MAY WE INQUIRE _____
ARE YOU EMPLOYED NOW? _____ OF YOUR PRESENT EMPLOYER? _____

EDUCATION:	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	YEAR GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE TRADE, BUSINESS CORRESPONDENCE SCHOOL	_____	_____	_____	_____

GENERAL:
SPECIAL SKILLS: _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSTION	REASON FOR LEAVING
MONTH AND YEAR FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

WHICH OF THESE JOBS DID YOU LIKE BEST ? _____
 WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS / PHONE #	BUSINESS	YEARS ACQUAINTED
1. _____			
2. _____			
3. _____			

IN CASE OF AN EMERGENCY NOTIFY _____
 NAME PHONE NO.

“ I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE ADN COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND , IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE OR NOTICE, AT ANYTIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTANDAGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE OR NOTICE, AT ANYTIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING”

DATE _____ SIGNATURE _____