Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the General Manager as soon as possible

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

Collision Employment Group (hereafter "Corporation") is an Equal Opportunity Employer. It is the Corporation's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Personal Data

Name: Date:

Position Applying For:

What locations are you interested in working at?

Are you at least 18 years old? Yes 0 No 0

Address:

City: State: Zip:

Home Phone: Cell Phone:

Do you have a valid driver's license? **Yes** 0 **No** 0 License No. Exp. Date:

Do you have adequate transportation to and from work? **Yes** 0 **No** 0

Have you been cited for a traffic violations of any kind within the last FIVE years? Yes 0 No 0

If yes, please give date and details:

_____

_____

Have you previously been employed by the Corporation? Yes 0 No 0
If yes, when: _____
Under what name: _____

Have you submitted an application to the Corporation before? Yes 0 No 0
If yes, when: _____
Under what name: _____

List any/all relatives currently employed at the Corporation.
_____
_____

Are you licensed to perform body/ frame or estimating work?
(A "no" answer to either question will not automatically disqualify you).
If yes, Sate License # and expiration date: _____

Education

Education	High School	College/University	Graduate/Professional
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diplomas or Degrees			
Describe Course of Study or Major			
Describe Specialized Training, Military Experience, Skills & Extracurricular Activities			

Record of Previous Employment

Present or Last Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start $		
City, State, Zip	To (mo./yr.)	Final $	Name of Last Supervisor:	
Telephone				
Present or Last Employer	**Employed**	**Salary**	**Your Title or Position**	**Reason for Leaving**
Address	From (mo./yr.)	Start $		
City, State, Zip	To (mo./yr.)	Final $	Name of Last Supervisor:	
Telephone				
Present or Last Employer	**Employed**	**Salary**	**Your Title or Position**	**Reason for Leaving**
Address	From (mo./yr.)	Start $		
City, State, Zip	To (mo./yr.)	Final $	Name of Last Supervisor:	
Telephone				

References

Name	Occupation	Address	Telephone	Years Known

Additional Information

Have you ever been terminated or asked to resign from any job? Yes 0 No 0

If yes, explain the circumstances:

_____

_____

_____

Please explain any gaps in your employment history:

_____

_____

_____

May we contact your current employer? Yes 0 No 0

Have you ever pled guilty or "no contest" to, or been convicted of a misdemeanor or felony? Yes 0 No 0

If yes, give details and dates of each:

_____

_____

_____

Additional Information

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

Administration	Sales	Production	Other
o Office Manager o Bookkeeper o Accounts Receivable o Accounts payable o Payroll Clerk o Warranty Clerk o Data Entry o Cashier o Job Costing o Receptionist o Insurance Claims o Word Processing o Computer Accounting o Financial Statements o Financial Analysis o Real Estate o Tax Returns	o Retail Salesperson o Salesperson Service o Department Sales Manager o Regional Sales Manager Leasing Manager o Salesperson (New or used car) o Customer Service Representative	o Frame Technician o Universal Bench Systems o Body Technician o Mig Welding o Oxy/Acetylene Welding o Mechanic o Suspension and Steering o Wheel Alignment o Plastic Repair o Cooling Systems o Air Conditioning o ABS Brakes o Air Bag Systems o Exhaust systems o Automotive Electrical o Apprentice/ Helper o Color Matching o Paint Preparation o Refinish Technician o Machine Polishing o Detailer	o Shop Manager o Service Manager o Service Write/ Advisor o Estimator o Insurance Adjuster o Insurance Appraiser o Shop Foreman o Production Manager o Department Manager o Parts Manager o Parts Counter Person o Inventory Control o Purchasing Agent o Advertising/ Marketing

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of Collision Employment Group, if employed.

I understand that consideration for employment at Collision Employment Group is conditional upon a review of my qualifications, work history, references, etc. I authorize Collision Employment Group, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with, and to release, on Collision Employment Group a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to, in connection Collision Employment Group with my application for employment with Collision Employment Group. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to Collision Employment Group

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Corporation, with or without cause, and with or without any previous notice. I also understand and agree that the Corporation has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Corporation employee nor representative, other than the President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the President. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Corporation are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by, I will timely furnish Collision Employment Group documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated: _____ Signature_____

_____
(Applicants name- printed)