



Employment Application

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 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 Information

Name: _____ Date: _____

Address: _____
City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business phone: _____
Ex: _____

Position Applying For: _____ Desired Salary/Hourly Rate: _____

What locations are you interested in working at?

- 1. Are you at least 18 years old? Yes No
- 2. Do you have a valid driver's license? Yes No

License No. _____ Exp Date: _____

- 3. Do you have adequate transportation to and from work? Yes No
- 4. Have you been cited for a traffic violation of any kind within the last FIVE years? Yes No

If yes, please give date and details: _____

- 5. Have you previously been employed by the corporation? Yes No

If yes, when: _____

Under what name: _____

- 6. Have you submitted an application to the corporation before? Yes No

If yes, when: _____

Under what name: _____

7. List any/all relatives currently employed at the corporation. _____

- 8. Are you licensed to perform body/frame or estimating work? Yes No

(A "no" answer to either question will not automatically disqualify you)

If "Yes", State License # and expiration date: _____

Education History

| 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 Skills & Extracurricular Activities | | | |

Record of Previous Employment

| Present or Last Employer | Employed | Salary | Your Title or Position | Reason for leaving |
|----------------------------|------------------|----------|--------------------------|--------------------|
| Name | From (mo./yr.) | Start \$ | | |
| Address (city, state, zip) | To (mo./yr.) | Final \$ | Name of last supervisor: | |
| Present or Last Employer | Employed | Salary | Your Title or Position | Reason for leaving |
| Name | From (mo./yr.) | Start \$ | | |
| Address (city, state, zip) | To (mo./yr.) | Final \$ | Name of last supervisor: | |
| Present or Last Employer | Employed | Salary | Your Title or Position | Reason for leaving |
| Name | From (mo. / yr.) | Start \$ | | |
| Address (city, state, zip) | To (mo. /yr.) | Final \$ | Name of last supervisor: | |

References

| Name | Occupation | Address | Telephone | Years Known |
|------|------------|---------|-----------|-------------|
| | | | | |
| | | | | |
| | | | | |

Additional Information

Have you ever been terminated or asked to resign from any job?

Yes No

If yes, explain the circumstances: _____

Please explain any gaps in your employment history: _____

May we contact your current employer?

Yes No

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

Yes No

If yes, give details and dates of each:

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

| Administration | Sales | Production | Other |
|---|--|--|---|
| <ul style="list-style-type: none"><input type="radio"/> Office Manager<input type="radio"/> Bookkeeper<input type="radio"/> A/R<input type="radio"/> A/P<input type="radio"/> Payroll check<input type="radio"/> Warranty Clerk<input type="radio"/> Data Entry<input type="radio"/> Cashier<input type="radio"/> Job Costing<input type="radio"/> Receptionist<input type="radio"/> Insurance Claims<input type="radio"/> Word Processing<input type="radio"/> Computer Accounting<input type="radio"/> Financial Statements<input type="radio"/> Financial Analysis<input type="radio"/> Real Estate<input type="radio"/> Tax Returns | <ul style="list-style-type: none"><input type="radio"/> Retail Salesperson<input type="radio"/> Salesperson Service<input type="radio"/> Department Sales Manager<input type="radio"/> Regional Sales Manager<input type="radio"/> Leasing<input type="radio"/> Car Sales<input type="radio"/> Customer Service Representative | <ul style="list-style-type: none"><input type="radio"/> Frame Technician<input type="radio"/> Universal Bench Systems<input type="radio"/> Body Tech<input type="radio"/> Mig Welding<input type="radio"/> Oxy/Acetylene Welding<input type="radio"/> Mechanic<input type="radio"/> Suspension and Steering<input type="radio"/> Wheel Alignment<input type="radio"/> Plastic Repair<input type="radio"/> Cooling System<input type="radio"/> Air Conditioning<input type="radio"/> ABS Brakes<input type="radio"/> Air Bag Systems<input type="radio"/> Exhaust Systems<input type="radio"/> Automotive Electrical<input type="radio"/> Apprentice<input type="radio"/> Color Matching<input type="radio"/> Paint Preparation<input type="radio"/> Refinish Tech<input type="radio"/> Machine Polishing<input type="radio"/> Detailer | <ul style="list-style-type: none"><input type="radio"/> Shop Manager<input type="radio"/> Service Manager<input type="radio"/> Service Write/Advisor<input type="radio"/> Estimator<input type="radio"/> Insurance Adjuster<input type="radio"/> Insurance Appraiser<input type="radio"/> Shop Foreman<input type="radio"/> Production Manager<input type="radio"/> Department Manager<input type="radio"/> Parts Manager<input type="radio"/> Parts Counter Person<input type="radio"/> Inventory Control<input type="radio"/> Purchasing Agent<input type="radio"/> 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.

Date: _____ Signature _____

(Applicant's Name- Printed) _____