

Employment Application



FLOWERS

COLLISION REPAIR CENTER

Complete Auto Body & Frame • Windshield & Glass Replacement • Complete Auto Repair Service

Tire Sales • Alignments • 24 Hour Towing

North Highway 71 • PO Box 232, Sauk Centre, MN 56378

Body Shop (320) 352-2237 • Tire Shop (320) 352-2880

Towing (320) 352-2238 • Fax (320) 352-6031

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

EXPERIENCE

Check the skills in which you have experience. Please note the type of training specific to each.

METAL WORK

FRAME WORK MECHANICAL WORK PAINT PREP PAINT ESTIMATING ALIGNMENT WELDING GLASS FIBERGLASS AIR CONDITIONING UPHOLSTERY PARTS INVENTORY AND CONTROL DETAIL WORK COMPUTER Do you have transportation? Yes No Driver's License No. _____ State _____ Ever Suspended? Yes No Do you operate an automobile? Yes No If yes, give make and year _____Do you have Auto Insurance? Yes No Has it ever been cancelled or renewal refused? Yes No

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	No. Years Known
Address	Phone ()
Relationship	Company
Full Name	No. Years Known
Address	Phone ()
Relationship	Company
Full Name	No. Years Known
Address	Phone ()
Relationship	Company

If hired whom should we notify in case of emergency?

Name: _____ Phone # _____

Name: _____ Phone # _____

Do you understand that, if you are hired, you may be dismissed at any time without any fault on your part and without advanced notice? _____

Do you understand that, if you are hired or offered a position, you may be required to submit to drug or alcohol screening tests including urinalysis, blood tests, and breathalyzers? _____

DISCLAIMER AND SIGNATURE	
I _____ certify that my answers are true and complete to the best of my knowledge.	
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