



Application for Employment

Please read carefully and complete by **PRINTING** in ink or typing.

Last Name:	First Name:	M.I.	Social Security Number	Date of Application
Street Address			Position Desired	Date Available
City	State	Zip	Home Phone # (with area code)	Work Phone # (with area code)
How were you referred to CollisionMax/GlassMax?			Desired Salary	

Have you ever filed an application with us before? No Yes If Yes, give date: _____

Employment Record

Starting with your present or most recent, list all previous employers. Include self-employment and summer part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete and sign this application as well. Thank you.

Last or Present Employer			Position Held		
Street Address		Phone Number (w/area code)	Reason for Leaving		
City	State	Zip	Current Salary	Employment Dates	
				From	To
Supervisor's Name		Phone Number (w/area code)	May we contact your current employer?		

Previous Employer		Type of Business	Position Held		
Street Address		Phone Number (w/area code)	Reason for Leaving		
City	State	Zip	Describe Duties and Responsibilities		
Contact Name		Phone Number (w/area code)	Salary Range	Employment Dates	
				From	To

If more than two previous employers, please list others here.

Employment Dates		Company and Address City, State and Phone #	Position or Type of Work	Salary Range	Reason for Leaving and Name of Supervisor
From	To				

Educational History

School	Location	Dates Attended		Graduated		Degree
		From	To	Yes	No	
High School						
Technical/Trade School						
College (list all attended)						
Other education/training						

Activities

(Exclude those indicating race, color, religion, sex, national origin, age or handicap)

Professional memberships, certificates or licenses held.
Hobbies and Interests.

Special Skills

Computer Skills (list specific applications):	Please list foreign languages you can speak, read or write:
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Military Record

Branch of Service	Present Military affiliation:
Kind of training while in service	From To

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony or serious crime? Yes No
 If yes, please state the date and circumstance:

I hereby certify that the information on this application is true and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date

Signature

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, color, national origin, sexual orientation, age, disability, marital status, citizenship, or status as a disable veteran.

Thank you for filling out this application completely.