

TRACK SIDE AUTO BODY

Employment Application



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

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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 NO

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 NO

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 NO

DRIVING INFORMATION

Driver's License # _____ State _____
of Moving Violations _____ Accidents _____
Has your license ever been revoked? _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I hereby authorize Track Side Auto Body to review my motor vehicle driving record.
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 _____