



# Employment Application

Date: \_\_\_\_\_

## General Instructions

Please read these instructions carefully.

- To be considered an applicant to Northside Collision Centers, you must complete all parts of this application and sign the statement. Incomplete applications will not be considered. Please use additional sheets of paper if necessary to provide all the requested information. You may attach a resume; however, this application must still be completed.
- If you need help filling out this application, or for any phase of the employment process, please notify the person that gave you this form, and every reasonable effort will be made to accommodate your needs.

*All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.*

## Personal Information

Last Name	First Name	Middle Name	Social Security Number
Phone (Home)	Phone (Work)	Phone (other)	Email
Current Address - Street/Apt #		City	State Zip Code
If hired can you prove that you are eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is there any information we would need about your name for us to be able to check your work record? If yes, explain: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been <u>convicted</u> of a crime? If yes, explain. <input type="checkbox"/> No <input type="checkbox"/> Yes			

## Position Information

Position desired:	Have you been previously employed by Northside Collision? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? What position?
Are you available for (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, month and year:
What days/hours are you available to work?	Minimum acceptable starting wage: \$ _____ per (hour, week, etc.) _____
Which of our stores can you work at? (check all that apply) <input type="checkbox"/> DeWitt <input type="checkbox"/> Camillus <input type="checkbox"/> Liverpool <input type="checkbox"/> Baldwinsville <input type="checkbox"/> Cicero	What made you apply at Northside? <input type="checkbox"/> Employment Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Walk-in/self <input type="checkbox"/> Other: _____ If referred by person, list name: _____
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	When would you be able to start work?
If driving is a requirement of the job for which you are applying, do you have a current, valid NYS driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list your license class and any endorsements if applicable: _____	
Our insurance company cannot insure anyone under 21 years of age. Are you under 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.</i>	

## Employment History

Begin with your current or most recent position. For additional employers, please attach another sheet of paper containing the same information as asked for below.

1. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

2. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

3. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

4. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

4. Name of Employer		Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

## Other History

Have you had any employment that is not listed on the previous page?  Yes  No

If yes, please explain:

Have you ever been fired from a position or otherwise asked to resign?  No  Yes If yes, please explain:

Please describe any military service you had, including dates:

## Education

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
Business/Trade/Technical		<input type="checkbox"/> None <input type="checkbox"/> List:	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Other (explain)	

## Training

Please describe any training you have had that is not included in the above education section:

Have you ever had any safety training?  No  Yes If yes, please describe what and when:

## Special Skills

*Please describe any skills or accreditations you possess that are not reflected elsewhere in this application (i.e. technical, computer, etc.)*

## Additional Information

Please tell us anything else that would help us in deciding whether or not to hire you:

## References

Give name, address & telephone of **three** references that are not related to you and are not previous employers.

Name	Address	Phone
1.		
2.		
3.		

## Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with the company is a preliminary step to employment. It does not obligate the company to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon, satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. Also, I agree to abide by all Company policies and procedures as outlined within the Employee Handbook and other documents.

I authorize Northside Collision to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize Northside and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by the Company. I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Company or its agents. The Company will keep all such information confidential except where such information is required to be released by law or order of a court or other authority.

I understand and hereby acknowledge that any employment relationship with Northside is at will, which means that, if I am hired, my employment with the Company is not for a fixed period of time and that I may resign at any time and Northside may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any company employee or official.

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Applicant Signature

Date