



Via Mail

290 South Park Ave

Buffalo New York 14204

Email Careers@collision-masters.com

Secured Fax 716-389-1999

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
 Last **First** **Middle** **Maiden**

Present address _____
 Number **Street** **City** **State** **Zip**

Marital status: _____

Telephone (____) _____

e-mail _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Employment desired FULL-TIME ONLY PART-TIME ONLY

When are you available to start work?

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Are you currently employed? Yes No
May we contact your present employer? Yes No
Did you complete this application yourself? Yes No
If not, who did? _____

Have you ever been convicted of a felony? Yes No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____
Have you ever been employed with this company? Yes No
If yes, when? _____
Do you have any friends or relatives employed by this company? Yes No
If yes, please provide their names and relationship to you. _____

REFERENCES		
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.		
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by **Collision Masters** (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Collision Masters**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature _____

Date _____

www.collision-masters.com