



Employment Application

Date: _____

If you need help filling out this application, or for any phase of the employment process, please let us know and every reasonable effort will be made to accommodate your needs.

Last Name		First Name		Middle Name	
Home Phone		Cell Phone		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					
Position desired: Minimum acceptable starting wage per hour or week \$ _____		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 What days/hours are you available to work?					
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No When would you be able to start work?					
Were you referred to Northside by someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom?					
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>					

Name of Employer		Location (City)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

Name of Employer		Location (City)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

Name of Employer		Location (City)	Phone
Date Started	Starting Position Title		Ending/Current Position Title
Date Left	Supervisor Name		Reason for Leaving
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

Have you ever been fired from a position or otherwise asked to resign? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:	Please describe any military service you had, including dates:
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	School Name & Location	Course of Study
High School		
Business/Trade/Technical		
College		
Graduate Studies		

<p>Please describe any training you have had that is not included in the above education section:</p> <p>Please describe any skills or accreditations you possess that are not reflected elsewhere in this application (i.e. technical, computer, etc.)</p>
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Give name and phone number for two references that are not related to you and are not previous employers.	
<u>Name</u>	<u>Phone Number</u>

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 filing of this application with Northside Collision is a preliminary step to employment. It does not obligate Northside Collision to offer 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.

I authorize Northside Collision to check any references they deem necessary, and to verify any information contained on this application. Northside Collision 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 Collision 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.

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Applicant Signature

Date

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.