## **Employment Application**



Date: \_\_\_

Please read these instructions carefully.

- To be considered an applicant to Northside Collision Centers, you must complete all parts of this application. Incomplete applications will not be considered. 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 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 employ	ment in the U	United States?		
🗆 No 🗆 Yes				
Position desired:		Have you been previ $\Box$ No $\Box$ Yes	iously employ	yed by Northside Collision?
Minimum acceptable starting wage per hour or week		If yes, when?	What po	osition?
\$				
Are you available for (check all that apply):				
□ Full time □ Part time □ Temporary □ Ov	vertime 🗆 H	Evenings 🗆 Weeken	ds 🗆 Holida	ays
What days/hours are you available to work?				
Are you available to work overtime?  Yes No When would you be able to start work?				
Were you referred to Northside by someone?  Yes 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? 🗆 Yes 🔅 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? 🗆 Yes 🛛 No				
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.				

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 co If no, expl	ontact this employer? $\Box$ Yes $\Box$ No ain:

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 co If no, expla	ntact this employer?  Yes No ain:

Name of Employer		Locati	on (City)		Phone
Date Started	Starting Position Title		Ending/Current Position Title		
Date Left	Supervisor Name		Reason for Leaving		
Responsibilities:				May we co If no, expla	ontact this employer?  Ves No ain:
Have you ever been fired from a position or otherwise asked to resign? $\Box$ No $\Box$ Yes If yes, please explain:		Please describe any	military serv	vice you had, including dates:	

	School Name & Location	Course of Study
High School		
Business/Trade/Technical		
College		
Graduate Studies		

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

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

Give name and phone number for two references that are not related to you and are not previous employers.				
Name	Phone Number			

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.

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.