

Pennington Collision

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION (Please print)

Name: Last		First	Middle	
Social Security/ Social Ins. Number:			Date (M/D/Y):	
Other names you are known by _____ Are you less than 18 years of age? Yes _____ No _____ (Pennington Collision is required to comply with federal, state, or provincial law.)				
Have you been convicted of a crime in the last seven years? Yes _____ No _____ If Yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.				
U.S. Applicant Only: Are you legally eligible for employment in the U.S.? Yes _____ No _____ (All new hires will be required to provide proof of eligibility to work in the U.S.)				
Address: Street	City		State	Zip Code/Postal Code
Phone Number: Daytime	Evening		Date of Birth:	

EMPLOYMENT DESIRED

What kind of work are you applying for?
Are you state certified? Yes _____ No _____ If Yes, what classifications? _____ Please list any other certifications: _____
Do you have a valid driver license? Yes _____ No _____
Do you own your own tools? Yes _____ No _____

EDUCATION

	Name and Address of School	City	Circle Years Completed	Did You Graduate?	Subject Studied and Degrees Received
High School			1 2 3 4	Y N	
College			1 2 3 4	Y N	
Post College			1 2 3 4	Y N	
Trade, Business, or Correspondence School			1 2 3 4	Y N	

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EXPERIENCE

Name and Address of Employer - Type of Business	Salary or Hourly	Dates Employed	Reasons For Leaving	Job Description	Supervisor's Name and Phone Number	May we Contact?
	Starting _____ Ending _____ If hourly, average # of hours per week _____					Y N
	Starting _____ Ending _____ If hourly, average # of hours per week _____					Y N
	Starting _____ Ending _____ If hourly, average # of hours per week _____					Y N
	Starting _____ Ending _____ If hourly, average # of hours per week _____					Y N
	Starting _____ Ending _____ If hourly, average # of hours per week _____					Y N

REFERENCES Give below the names of three professional references, whom you have known at least one year.

Name	Address and Phone Number	Business	Years Acquainted	How Do You Know This Person?
1.				
2.				
3.				

I hereby authorize Pennington Collision to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Pennington Collision to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Pennington Collision. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Pennington Collision to hire me.

Date _____ Signature _____