

SMITTY'S COLLISION AND FRAME SHOP

EMPLOYMENT APPLICATION

1709 Dean Forest Road
 Savannah, George 31408
 912-964-1898
 Fax 912-964-4549

OFFICE USE ONLY

INTERVIEWED _____ YES _____ NO
DATE INTERVIEWED _____

PERSONAL INFORMATION

Please attach Resume to back of Application

Position Applying For:	Salary Desired	Are you employed now?
Name(Last Name First)	Social Security Number	Date You Can Start
Address	Home Phone	Cell Phone
City, State, Zip Code	Referred By:	E-Mail Address
Drivers License? _____ Yes _____ No		Has Your Drivers License ever been suspended or revoked? _____ Yes _____ No

If yes please explain:

GENERAL INFORMATION

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School diploma or GED: ____ Yes ____ No

Name and address (city and State) of high school attended:

EDUCATION AND TRAINING

LIST SPICAL TRAINING (Business, Vocational, Armed Forces, Schools, Etc.)BELOW:

Name and location of Vocational School, Training Center. etc.	Dates Attended				Total Months Completed	Courses or Subject taken	Certificates Diplomas received
	From	Yr	To	Yr			

LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:

Name and location of college or university	Dates Attended				Total Months Completed	Courses or subjects taken	Certificates or diplomas received

EMPLOYMENT RECORD: List all previous employers. Major changes in duties or titles with the same employer should be listed as separate jobs. Start with the present or most recent and work backwards.

PRESENT JOB: Employer: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Supervisor _____

From: _____ To: _____

Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties: _____

Reason for leaving _____

PREVIOUS JOB: Employer: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Supervisor _____

From: _____ To: _____

Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties: _____

Reason for leaving _____

PREVIOUS JOB: Employer: _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Supervisor _____

From: _____ To: _____

Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties: _____

Reason for leaving _____

PREVIOUS JOB: Employer _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Supervisor _____

From: _____ To: _____

Job Title: _____

Starting Salary \$ _____ per _____ Last Salary \$ _____ per _____

Duties: _____

Reason for leaving _____

AWARDS:

ACHIEVEMENTS:

SPECIAL SKILLS:

References: GIVE THE NAME OF FOUR PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and that statements made on this application may be checked by Smitty’s Collision and frame Shop, any falsified statements on this application shall be grounds for dismissal. I authorize Smitty’s Collision and Frame Shop to contact my prior employers and authorize such functions of the position for which I am applying. In addition, I authorize the release of any and all information that is requested by Smitty’s Collision and Frame Shop regarding my school and education records.

Date _____ Signature _____

Hired : _____ Position: _____

Salary : _____

NOTES: