



Application for Employment

Lockard's Collision Center is an equal opportunity employer.

Personal Information

Name _____ **Social Security #** _____

Last *First* *Middle Initial*

Present Address

Street *City* *State* *Zip*

Permanent Address

Street *City* *State* *Zip*

Phone Number _____ **Referred By** _____

Employment Desired

Position Desired _____

Salary/Wage Desired _____

Date Available to Start _____

Are you currently employed? Yes No

If so, may we inquire of your present employer? Yes No

Have you ever applied with this company before? Yes No

When? _____

Schools, Studies, Special Training or Skills

| | Name and Location of School | Years Attended | Year Graduated | Subjects Studied |
|--|-----------------------------|----------------|----------------|------------------|
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

List Subjects of Special Study, Research Work, or Special Training/Skills.

US Military or Naval Service? Yes No **When?** **Rank**



Former Employers

List last four employers, starting with the most recent first.

| Employer Name | Employer Address | From | To | Position | Salary | Reason for Leaving |
|---------------|------------------|------|----|----------|--------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

References

List the names of three persons, not related to you, whom you have known at least one year.

| Name | Address | Business | Years Known |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date _____

Signature _____

- Do Not Write Below This Line -

Interviewed By _____

Date _____

Remarks

| | | |
|------------------|-------------------|--------------------|
| Hired _____ | Will Report _____ | |
| Department _____ | Position _____ | Salary/Wages _____ |