

Employment Application



Master Collision Group

The Finest in Collision Repair

2980 Empire Lane . Plymouth MN 55447
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This company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Date of Application: _____

Personal Information

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Contact Phone Number _____ Cell Phone Number _____ Email Address _____

Are you 18 years old or over? Y N Have you ever been convicted of a Felony? Y N - If yes, please explain:

How were you referred to our company?: Advertisement Employee School Walk-In Other: _____

Position Desired

For what position are you applying? _____ What date would you be able to start? _____

Salary Desired: \$ _____ per _____ Hour _____ Week _____ Month _____ Year

Schedule Desired: Full Time Part Time # of Hours / Week: _____ Could you work overtime? Y N

Education

School Name	City & State	Degree or # of Years Completed	Major / Subject	GPA
High School				
College / Trade School				
College / Trade School				
Other				

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

Company Name	City / State	Phone #	Position Held	Employed From To

May we contact your employer? Y N Salary: \$ _____ per _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Company Name	City / State	Phone #	Position Held	Employed From To

May we contact your employer? Y N Salary: \$ _____ per _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Professional References

Name	Title	Company	Phone #	Professional Relationship

I hereby authorize this Company to contact any of the companies I have listed above regarding my previous employment and the professional references I have given.

Initials of Applicant: _____

I understand I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position with this Company, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this Company. I agree to release and hold harmless this Company from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with this Company may be terminated.

Applicant's Signature _____

Date _____