



P R E M I E R
COLLISION CENTER

EMPLOYMENT APPLICATION

PREMIER COLLISION CENTERS HAS LOCATIONS IN NEWARK AND GARWOOD, NEW JERSEY.

PREFERRED LOCATION OR LOCATIONS:

- GARWOOD
- NEWARK



APPLICANT INFORMATION

NAME: _____
Last First Middle

ADDRESS: _____

HOW LONG HAVE YOU LIVED THERE? _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT INFORMATION

CELL: _____ HOME: _____ WORK: _____

MAY WE CONTACT YOU AT WORK? Yes No

SOCIAL SECURITY NUMBER: _____ DOB: _____

ARE YOU 18 YEARS OLD OR OLDER? Yes No
(IF UNDER 18, YOU WILL BE REQUIRED TO SUBMIT WORKING PAPERS IF OFFERED EMPLOYMENT).

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? Yes No

HAVE YOU BEEN EMPLOYED BY THIS COMPANY IN THE PAST? Yes No

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION IN ANY STATE? Yes No

IF "YES", PLEASE EXPLAIN: (A CONVICTION WILL NOT NECESSARILY PRECLUDE YOU FROM EMPLOYMENT.)



EDUCATION/SKILL HISTORY

CHECK THE NUMBER INDICATING THE HIGHEST GRADE OF SCHOOL YOU HAVE COMPLETED:

1 2 3 4 5 6 7 8 **HIGH SCHOOL:** 9 10 11 12 **GED:** Y N **COLLEGE:** 1 2 3 4

LIST COLLEGE/ UNIVERSITIES	CITY/STATE/COUNTRY	MAJOR	CREDITS DEGREE

TRADE/SPECIALTY SCHOOLS	COURSE OR TRAINING	CERTIFICATION

ARE YOU I-CAR OR ASE CERTIFIED? Yes No

IF "YES", PLEASE PROVIDE TRANSCRIPTS AND/OR CERTIFICATIONS. LIST ANY LICENSES OR CERTIFICATES RELATED TO THE POSITION YOU SEEK:



DRIVER'S LICENSE

DO YOU HAVE A VALID NJ DRIVER'S LICENSE? Yes No

IF NOT, DO YOU HAVE A VALID DRIVER'S LICENSE FROM ANOTHER U.S. STATE? Yes No

WHICH U.S. STATE? _____

DO YOU HAVE A VALID NJ CDL LICENSE? Yes No

LIST ANY RESTRICTIONS ON YOUR DRIVER'S LICENSE/CDL LICENSE OTHER THAN CORRECTIVE LENSES:

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT STARTING WITH PRESENT OR LAST POSITION AND WORK BACK, INCLUDING MILITARY EXPERIENCE. INCLUDE ALL PAID AND UNPAID EXPERIENCE THAT MAY QUALIFY YOU FOR THIS POSITION. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT.

DATE OF EMPLOYMENT (MONTH/YEAR)	TITLE	HRS/WEEK	START RATE/END RATE
EMPLOYER'S NAME	EMPLOYER'S ADDRESS (TOWN, STATE, ZIP)		
NAME & TITLE OF SUPERVISOR	SUPERVISOR'S PHONE#	MAY WE CONTACT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
DESCRIBE YOUR DUTIES			
REASON FOR LEAVING POSITION			



DATE OF EMPLOYMENT (MONTH/YEAR)	TITLE	HRS/WEEK	START RATE/END RATE
EMPLOYER'S NAME	EMPLOYER'S ADDRESS (TOWN, STATE, ZIP)		
NAME & TITLE OF SUPERVISOR	SUPERVISOR'S PHONE#		MAY WE CONTACT?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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DATE OF EMPLOYMENT (MONTH/YEAR)	TITLE	HRS/WEEK	START RATE/END RATE
EMPLOYER'S NAME	EMPLOYER'S ADDRESS (TOWN, STATE, ZIP)		
NAME & TITLE OF SUPERVISOR	SUPERVISOR'S PHONE#		MAY WE CONTACT?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
DESCRIBE YOUR DUTIES			
REASON FOR LEAVING POSITION			



Special Skills and Experience

PLEASE LIST ANY SPECIAL SKILLS, EXPERIENCE, TRAINING, LICENSES, CERTIFICATIONS OR OTHER FACTORS THAT MAKE YOU QUALIFIED FOR THE POSITION FOR WHICH YOU ARE APPLYING. ALSO, WHAT LANGUAGES DO YOU SPEAK, READ AND/OR WRITE FLUENTLY?

Comments and Additional Information

IS THERE ANY ADDITIONAL INFORMATION ABOUT YOU WE SHOULD CONSIDER?

REFERENCES

PLEASE PROVIDE THREE PEOPLE UNRELATED TO YOU WHOM WE MAY CONTACT FOR INFORMATION CONCERNING YOUR QUALIFICATIONS. THEY SHOULD NOT BE FORMER SUPERVISORS, HOWEVER, YOU MAY INCLUDE COWORKERS AND PROFESSIONAL COLLEAGUES.

NAME	PHONE NUMBER	YEARS KNOWN



UNDERSTANDING AND AGREEMENTS

AS AN APPLICANT FOR A POSITION WITH PREMIER COLLISION CENTERS, I UNDERSTAND AND AGREE THAT I MUST PROVIDE TRUTHFUL AND ACCURATE INFORMATION IN THIS APPLICATION AND ON ANY SUPPLEMENTARY MATERIAL SUBMITTED WITH THIS APPLICATION. I UNDERSTAND THAT MY APPLICATION MAY BE REJECTED IF ANY INFORMATION IS NOT COMPLETE. TRUE AND ACCURATE. IF HIRED. I UNDERSTAND THAT I MAY BE SEPARATED FROM EMPLOYMENT IF PREMIER COLLISION CENTERS LATER DISCOVERS THAT INFORMATION ON THE FORM WAS INCOMPLETE. UNTRUE OR INACCURATE.

AUTHORIZATION TO RELEASE INFORMATION

I GIVE PREMIER COLLISION CENTERS THE RIGHT TO INVESTIGATE THE INFORMATION I HAVE PROVIDED AND TO CONTACT FORMER EMPLOYERS (EXCEPT WHERE I HAVE INDICATED THEY MAY NOT BE CONTACTED). I GIVE PREMIER COLLISION CENTERS THE RIGHT TO SECURE ADDITIONAL JOB RELATED INFORMATION ABOUT ME. I RELEASE PREMIER COLLISION CENTERS, IT'S REPRESENTATIVES, AND ALL PERSONS AND ORGANIZATIONS FROM WHICH IT SEEKS INFORMATION ABOUT ME FROM ALL CLAIMS AND LIABILITY. I AGREE THAT A PHOTOCOPY OF THIS SIGNED FORM MAY BE USED IN PLACE OF THE ORIGINAL.

I UNDERSTAND THAT PREMIER COLLISION CENTERS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN ITS HIRING OR OTHER PERSONNEL PRACTICES. I UNDERSTAND THAT PREMIER COLLISION CENTERS WILL MAKE REASONABLE ACCOMMODATIONS AS REQUIRED BY FEDERAL AND/OR STATE LAW.

I UNDERSTAND THAT IF EMPLOYED, I MAY RESIGN AT ANY TIME AND THAT PREMIER COLLISION CENTERS MAY DISCHARGE ME AT ANY TIME IN ACCORDANCE WITH PREMIER COLLISION CENTERS' ESTABLISHED POLICIES AND PROCEDURES.

I UNDERSTAND THAT I MUST SUBMIT PROOF OF U.S. CITIZENSHIP OR THE LEGAL RIGHT TO WORK IN THE U.S. IF I AM HIRED. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG TEST AND/OR OTHER TESTS RELEVANT TO THE POSITION I SEEK. I ALSO UNDERSTAND THAT SOME POSITIONS INVOLVING PUBLIC SAFETY AND ACCESS TO CONFIDENTIAL INFORMATION MAY ALSO INVOLVE COMPLETE BACKGROUND AND CRIMINAL CHECKS.

APPLICANT SIGNATURE _____ **DATE SIGNED** _____

(INTERNAL USE ONLY)

DATE APPLICATION COMPLETED: _____

LOCATION APPLICATION COMPLETED: _____

LOCATION APPLYING FOR: _____

EMPLOYEE THAT MET WITH APPLICANT: _____