

APPLICATION FOR EMPLOYMENT

CAPITOL BODY SHOP, INC
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYEE

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NO.	WORK PHONE NO.	CELL NO.	

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH LOCATION?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YRS. ATTENDED	GRADUATED?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, VO-TECH OR CORRESP.			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, WORK OR TRAINING SKILLS	
MILITARY SERVICE / BRANCH	RANK

EMPLOYMENT HISTORY (LIST LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

MONTH / YEAR	NAME & ADDRESS OF EMPLOYER	POSITION(S) HELD	SALARY	REASON FOR LEAVING
FROM /				
TO /				
FROM /				
TO /				
FRO /				
TO /				
FROM /				
TO /				

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YRS. 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 the 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature _____ Date _____

Interviewed by _____ Date _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER / PERSONALITY		
ABILITY		REFERRED BY		
DATE HIRED	FOR DEPT.	POSITION	START DATE	SALARY / WAGE