



APPLICATION FOR EMPLOYMENT

Auto Body Clinic ("Auto Body Clinic" or "Company") is an Equal Opportunity Employer. Auto Body Clinic offers equal employment opportunity to all applicants for employment and all employees regardless of sex, sexual orientation, age, race, color, religion, national origin, ancestry, veteran status, military service, disability, genetic information, participation in Auto Body Clinic's group health insurance plan, receipt of free medical care, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.

Name _____ Date ____/____/20____
Last First Middle Initial

Address _____
Street Address, Apt. No., or P.O. Box City State Zip Code

Telephone () _____ - _____ Email _____

EMPLOYMENT DESIRED

Position: _____ Date Available to Start ____/____/20____

Salary Desired: _____

APPLICANT BACKGROUND

Have you ever used another name in your work and/or education records? Yes No
If yes, other names used _____

Are you 18 years of age or older? Yes No

Are you currently employed? Yes No

Are you related to any Auto Body Clinic employee? Yes No

If yes, who and what is relationship? _____

How did you hear about us? _____

Have you ever interviewed with Auto Body Clinic? Yes No
if yes, when? _____

Can you furnish proof of your eligibility to work in the United States Yes No

Federal law requires that, if hired, you must furnish appropriate documentation establishing identity and employment eligibility, generally within 72 hours of starting work. Acceptable documentation includes, but is not limited to: a United States passport or social security card, a certificate of United States citizenship or naturalization or INS Forms 688 or 688A.

EDUCATION

SCHOOL	Name/Location	Course of Study	Graduated	Degree Earned
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade or Vocational School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please describe honors received and extracurricular activities. You may exclude organizations, the name or character of which indicate its members' race, sex, religion, national origin, age, ancestry, sexual orientation or any other category protected by state or federal law.

Specialized Skills: _____

Please include computer skills, machine operation skills and written and spoken languages to the extent such information is job-related.

MILITARY RECORD

Have you ever served in the Armed Forces? Yes No
 If yes, please identify your Branch and final rank _____

Do you have skills and experience pertinent to the position for which you are applying? Yes No
 Please explain _____

LEGAL INFORMATION

Massachusetts employees: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liabilities.

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview(s) may result in rejection of my application or, in the event of employment, discharge.

I authorize verification of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release Auto Body Clinic from any and all liability or damage resulting from the verification process.

I further agree, if requested, to authorize Auto Body Clinic to conduct a consumer credit check, criminal convictions check and motor vehicle history inquiry as well as any other background check Auto Body Clinic may legally require as a condition of my employment. I understand that consideration of my application for employment is contingent upon my execution of a separate document authorizing the Company to obtain such reports.

I understand that this application and any of the Company's employment policies or employment handbooks are not intended to be nor constitute a contract of employment.

I understand that if I become employed by Auto Body Clinic, I will be an at-will employee. Accordingly, the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no supervisor, manager or 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.

Signature of applicant _____

Date ___/___/20___

FOR COMPANY USE ONLY:

Date of Application: _____ Interviewed by: _____

Hired: Yes No

Start Date: _____

Position/Department: _____