COLLISION SERVICE APPLICATION

Position: _____   **Date:** _____

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Cell Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are You Applying For: ☐ F/T ☐ P/T ☐ Temp	Valid Drivers License ☐ Yes ☐ No	Number of Traffic Violations in the Last 3 Years _____	May We Contact Present Employer? ☐ Yes ☐ No

EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving:	**Supervisor's Name**	**Telephone Number**

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving:	**Supervisor's Name**	**Telephone Number**

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving:	**Supervisor's Name**	**Telephone Number**

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving:	**Supervisor's Name**	**Telephone Number**

MILITARY - Branch of Service:

Describe any military training received relevant to the position for which you are applying:

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? ☐Yes ☐No

School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

CLERICAL SKILLS - To Be Completed for Clerical Positions

Typing, WPM		Medical Terminology ☐Yes ☐No	Legal Terminology ☐Yes ☐No
Shorthand, WPM			

List Specific Computer Skills –

PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions

Idaho Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? ☐Yes ☐No		If licensed in another state, list:	

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge.

Signature _____ Date _____

You may fax a resume with this application if you choose