

Background: (Please circle either 'Yes' or 'No'.)

Yes	No	Are you qualified for the position for which you are applying?
Yes	No	Are you currently employed?
Yes	No	May we contact your present employer?
Yes	No	Have you ever filed an application with us before? (If 'Yes', give date: _____)
Yes	No	Have you ever been employed with us before? If 'Yes', give date: _____)
Yes	No	Do any of your friends or relatives work here?
Yes	No	Will you work overtime if necessary?
Yes	No	Are you able to meet the attendance requirements of this position?
Yes	No	Do you have reliable transportation to work?
Yes	No	If you are under 18 years of age, can you provide required proof of your eligibility to work?
Yes	No	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizen or immigration status will be required upon employment.)
Yes	No	Are you currently on "lay-off" status and subject to recall?
Yes	No	Have you ever been counseled or disciplined for cash handling violations?
Yes	No	Have you ever been convicted of a felony?*
Yes	No	Have you ever been convicted of a crime involving dishonesty?*
Yes	No	Have you ever been convicted of a crime involving violence to another person?*

*A 'yes' answer to any of these questions will not necessarily bar you from employment. Factors such as the nature of the crime, your age at the time of its commission, the length of time since conviction, your rehabilitation efforts, the work relatedness of the crime, etc., will all be considered in making the employment decision.

How do you rate yourself?

Circle 1 thru 5 for Each Category

1 - weak 2 - fair, need improvement 3 - average
4 - strong 5 - outstanding

1	2	3	4	5	Self-motivated
1	2	3	4	5	Reliable, Dependable
1	2	3	4	5	Communication Skills - Ability to Listen Well, Express Yourself Clearly & Accept Feedback
1	2	3	4	5	Teamwork - Ability to Work with Others in a Team Spirit
1	2	3	4	5	Skills - Those Which Are Needed to Perform Your Particular Job
1	2	3	4	5	Hospitality - Your Natural Friendliness & Customer Service Skills

All Applicants Must Read & Sign the Following Notice/Consent Form:

As a condition of my employment, I agree to conform to ACI's rules & regulations and understand that my employment may be terminated at any time by ACI, or me with or without notice, for any reason. I understand that no Manager or Supervisor or any other employee or representative of ACI other than the President or Vice President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to any of the foregoing.

I declare that my answers to the questions on this application are true, and give ACI the right to investigate all information given and to secure additional information if necessary. I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as business associates, family members, or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, personal characteristics, educational background, only as they pertain to successful fulfillment of job requirements. This information may include, but is not limited to verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. In accordance with law, I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I hereby acknowledge that ACI may provide all such information to other third parties. I hereby authorize and consent to such sharing of information with affiliates and other third parties. I hereby release from liability and/or responsibility ACI and any other parties who may be the recipients of such information.

I further understand that any misleading or incorrect statements or the incomplete filling out of the application may render this application void, and if employed, may be cause for immediate dismissal.

Signature of Applicant: _____

Date: _____



AUTO COLLISION, INC.

AUTO COLLISION, INC.

7706 Race Road
Jessup, MD 20794
(410) 799-5689

APPLICATION FOR EMPLOYMENT

Your Name: (please print clearly)

Position Applied for:

How did you learn about us?

- Advertisement Government Agency
 Walk-In
 ACI Employee: _____
 Other (name) : _____

Today's Date:

(Please Print)

Last Name
First Name
Middle Name
Street Address
City & County
State & Zip

Home Phone Number
Cell Phone Number
Social Security Number (Optional)
Driver's License Number _____ State _____ Expiration Date: _____ Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No (Expiration Date: _____)

Education

High School (Name, Course of Study, Years Completed, Diploma)
College (Name, Course of Study, Years Completed, Diploma)
Other (Name, Course of Study, Years Completed, Diploma)

Desired Salary: _____

If offered a position at ACI, how long do you expect to work here? _____

When would you be available to start? _____

Work Experience

(Start with your present or last job.)

Employer
Address
Telephone Number(s)
Starting/Present Job Title
Supervisor
Reason for Leaving
Employed from _____ to _____
Starting Salary _____ Final Salary _____
Work Performed
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer
Address
Telephone Number(s)
Starting/Present Job Title
Supervisor
Reason for Leaving
Employed from _____ to _____
Starting Salary _____ Final Salary _____
Work Performed
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience (Cont'd)

Employer
Address
Telephone Number(s)
Starting/Present Job Title
Supervisor
Reason for Leaving
Employed from _____ to _____
Starting Salary _____ Final Salary _____
Work Performed
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Specialized Training, Apprenticeship, Skills

EQUIPMENT USE
<input type="checkbox"/> Alignment Machine <input type="checkbox"/> Code Scanner
Welding: <input type="checkbox"/> MIG <input type="checkbox"/> Resistance
Frame: <input type="checkbox"/> Car-O-Liner <input type="checkbox"/> Chief <input type="checkbox"/> Other:
Frame Measuring: <input type="checkbox"/> Electronic <input type="checkbox"/> Laser <input type="checkbox"/> 3D Mechanical
TECHNICAL TRAINING/CERTIFICATION
<input type="checkbox"/> ABS <input type="checkbox"/> A/C <input type="checkbox"/> AVS <input type="checkbox"/> ASE <input type="checkbox"/> ICAR <input type="checkbox"/> Diagnostics
<input type="checkbox"/> Dealer/Mfg Training:
COMPUTER
<input type="checkbox"/> CCC PATHWAYS <input type="checkbox"/> COMPLETE SHOP <input type="checkbox"/> Alldata <input type="checkbox"/> MS Word <input type="checkbox"/> Internet
PAINT
Paint Product Used:
CUSTOMER SERVICE SKILLS
<input type="checkbox"/> Sales Training/Experience <input type="checkbox"/> Customer Service Training/Experience