



Application for Employment

Contact Information

Last Name:	First Name:	MI:	Social Security No:	-	-
Street Address:			Telephone Number: () -		
City:	State:	Zip Code:			

Emergency Contact

Name:	Relation:	Telephone Number: () -
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How did you hear about Wesner Auto Body Career Opportunities?

<input type="checkbox"/> Online	What Website:		
<input type="checkbox"/> Employee Referral	Employee Name:		
<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Job Fair	<input type="checkbox"/> School

Were you previously employed by Wesner Auto Body?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:	Dates of Employment:	/	/
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Preferences

Position Applying For:	<input type="checkbox"/> Body Tech	<input type="checkbox"/> Refinish Tech	<input type="checkbox"/> Office	<input type="checkbox"/> Other:
Desired Salary: \$	Available to Start Working: / /			
Type of Employment Desired:	<input type="checkbox"/> Permanent, Full-Time	<input type="checkbox"/> Permanent, Part-Time		
	<input type="checkbox"/> Temporary, Full-Time	<input type="checkbox"/> Temporary, Part-Time		

Employee Eligibility

Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you of legal age to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Background Information

*The existence of a criminal record will not automatically disqualify you from the job from which you are applying.

Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, for what have you been convicted, when, and where?		

Education

School	Name & Location	Course of Study	Dates Attended	Did you Graduate?	Diploma/Degree
High			/ / - / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			/ / - / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			/ / - / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Wesner Auto Body is an Equal Opportunity Employer. Wesner Auto Body does not discriminate against applicants or employees on the basis of race, color, sex, religion, national origin, veteran status, handicap, or other protected classification. This policy of non-discrimination extends to all terms, conditions and privileges of employment and to all personnel actions.

Employment History

Please list your employment history starting with the most recent.

Company Name:	Telephone Number: () -
Address:	Supervisors Name:
Job Title:	Dates Employed: / / - / /
Job Responsibilities:	
Starting Salary: \$.	Ending Salary: \$.
Reason for Leaving:	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:	Telephone Number: () -
Address:	Supervisors Name:
Job Title:	Dates Employed: / / - / /
Job Responsibilities:	
Starting Salary: \$.	Ending Salary: \$.
Reason for Leaving:	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:	Telephone Number: () -
Address:	Supervisors Name:
Job Title:	Dates Employed: / / - / /
Job Responsibilities:	
Starting Salary: \$.	Ending Salary: \$.
Reason for Leaving:	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:	Telephone Number: () -
Address:	Supervisors Name:
Job Title:	Dates Employed: / / - / /
Job Responsibilities:	
Starting Salary: \$.	Ending Salary: \$.
Reason for Leaving:	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills/Qualifications

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work at Wesner Auto Body? (Example: computer experience, estimating experience, technician certifications, etc.)

Why do you want to work for Wesner Auto Body?

Explain how you would achieve customer satisfaction.

References:

Business/Professional References (Not Relatives)

Name, Occupation and Company	Address	Phone Number
		() -
		() -
		() -
		() -

Personal References (Not Relatives)

Name, Occupation and Company	Address	Phone Number
		() -
		() -
		() -
		() -

Applicant's Statement

Please read before signing

By signing my name below, I certify that all statements made on this application are true and complete to the best of my knowledge. I have not withheld any information requested on this form.

I authorize Wesner Auto Body to contact each of my employers, except those indicated, as well as schools and law enforcement agencies to obtain information needed to consider me for employment. I understand that misrepresentation or omission of this information can affect the outcome of the decision to be hired or cause termination of employment.

I understand that applications are only accepted for positions posted as open, by Wesner Auto Body, at the time of application. Applications are not kept on file. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to weather or not applications are being accepted at that time.*

I hereby understand and acknowledge that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between Wesner Auto Body and myself for either employment or the promise of any benefit. No promises regarding continued employment have been made to me. I understand that such promises or guarantees from Wesner Auto Body are not binding unless in writing.

X

Applicant's Signature

____ / ____ / ____
Date

Please read, complete, sign, and date the following statement only if you are applying for a position that requires driving, indicating it is a job requirement for the position you are applying for.

I give my permission for verification of my driver's license record, which I accept as a condition of employment.

Drivers License Number:	State:	Expiration Date:	/	/
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X

Applicant's Signature

____ / ____ / ____
Date

*The term application refers to any written form of submission for a posted position.