

Previous Job: Employer: _____
 Address _____ City _____ State _____ Zip Code _____
 Telephone Number _____ Supervisor: _____
 From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
 Starting Salary \$ _____ Per _____ Last Salary \$ _____ Per _____
 Duties: _____ Reason for Leaving _____

AWARDS:

ACHIEVEMENTS:

SPECIAL SKILLS:

REFERENCES: GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and that statements made on this application may be checked by Wagonwork Collision Center, any falsified statements on this application shall be grounds for dismissal. I authorize Wagonwork to contact my prior employers and authorize such prior employers to answer any and all questions regarding my prior employment, my ability to perform the essential functions of the position for which I am applying. In addition, I authorize the release of any and all information that is requested by Wagonwork regarding my school and educational records. I also understand and agree that no 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, unless it is in writing and signed by an authorized company representative.

Date _____ Signature _____

Hired: _____ Position: _____ Salary: _____

Wagonwork Collision Center
 3406 Jefferson Davis Highway
 Alexandria, VA 22305
Phone: 703-684-2985
Fax: 703-549-2658



Wagonwork Collision Center II
 417 East Clifford Ave.
 Alexandria, VA 22305
Phone: 703-706-8151
Fax: 703-706-5918

**WAGONWORK COLLISION CENTER EMPLOYMENT APPLICATION
 HUMAN RESOURCES**

INTERVIEWED YES NO
 DATE INTERVIEWED _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Position Applying For:	Salary Desired:	Are you employed now?
Name (Last Name First):	Social Security Number:	Date You Can Start:
Address:	Home Phone:	Alternate Telephone Number:
City, State, Zip Code:	Referred By:	E-mail Address:
Drivers License? <input type="checkbox"/> YES <input type="checkbox"/> NO Drivers License No		Has Your Drivers License ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO

If yes please explain: _____

GENERAL INFORMATION

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school diploma or GED: YES NO. Name and address (city and state) of high school attended:

INTERVIEW QUESTIONS:

1. How well do you feel you handle constructive criticism?

2. What is your opinion of the Collision Repair Industry?

3. What do you feel is your best attribute?

4. What areas do you feel need development?

5. Describe an instance where you had to utilize conflict management skills to deal with an irate customer. What were they upset about and how did you resolve the situation?

6. What are your career goals? _____
 Short-term goals? _____
 Mid-term goals? _____
 Long-term goals? _____

7. What do you like most about your current place of employment?

8. What do you dislike the most about your current place of employment?

9. What are you looking for in an employer?

10. How would you describe your management style?

EDUCATION AND SPECIAL TRAINING							
LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.) BELOW:							
Name and location of Vocational School, Training Center, Institute, etc.	Dates Attended				Total Months Completed	Courses or subjects taken	Certificates Diplomas received
	From	Yr	To	Yr			

LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:							
Name and location of College or University	Dates Attended				Total Months Completed	Courses or subjects taken	Certificates Diplomas received
	From	Yr	To	Yr			

EMPLOYMENT RECORD: list all previous employers. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with the present or most recent and work backwards.

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