



**Body Best**  
**Collision Center INC**  
19648 8th St East  
Sonoma CA 95476

Date \_\_\_\_\_

**Employment Application**

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**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Phone Number)

Employment Position Desired: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Do you have any physical limitations which may limit your ability to perform the job for which you are applying? ( ) Yes ( ) No - If yes, how can the limitation be accommodated?

\_\_\_\_\_  
\_\_\_\_\_

If hired, can proof of age\* and right to work in the United States be provided? ( ) Yes ( ) No

\*The Age Discrimination In Employment Act of 1967, as amended prohibits discrimination on the basis of age.

Driver's License number, if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Have you ever been convicted of a felony, or within the last two years been convicted of a misdemeanor? ( ) Yes ( ) No

(Conviction will not necessarily disqualify you for the position for which you are applying)

If Yes please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**SPECIALIZED TRAINING**

ICAR Last Certification Date \_\_\_\_\_

ASE Last Certification Date \_\_\_\_\_

Paint School(s) PPG Date \_\_\_\_\_ Standox Date \_\_\_\_\_ Other Date \_\_\_\_\_

Subjects(s)/Area(s) of Special Study \_\_\_\_\_

Are you fluent in any foreign languages? ( ) Yes ( ) No \_\_\_\_\_

If yes, specify which: \_\_\_\_\_ ( ) Speak? ( ) Read? ( ) Write?

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**EMPLOYMENT HISTORY**

Are you Presently Employed? ( ) Yes ( ) No If Yes, may we contact your present employer? ( ) Yes ( ) No.

**Current Employer**

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Immediate Supervisor and title \_\_\_\_\_

May we contact for reference? ( ) Yes ( ) No \_\_\_\_\_

Hourly Rate/ Salary? \$ \_\_\_\_\_ Per \_\_\_\_\_

**Past Employer**

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Immediate Supervisor and title \_\_\_\_\_

May we contact for reference? ( ) Yes ( ) No \_\_\_\_\_

Hourly Rate/ Salary? \$ \_\_\_\_\_ Per \_\_\_\_\_

I hereby authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts here-in may be cause for dismissal. I also understand and agree that my employment is for no definite period of time, and either Body Best or I may terminate my employment at any time with or without cause, and with or without notice. I also understand that no company representative has authority to change or modify this agreement, except the President, whose changes must be in writing and signed by both parties.

Signature: \_\_\_\_\_ Dates: \_\_\_\_\_