



"Where Customer Satisfaction Comes First!"

556 Bond St.

Watford, ON N0M 2S0

Phone 519.876.3533

Fax 519.876.2065

cameroncollision@execulink.com

APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Contact time: \_\_\_\_\_ AM or PM (circle one)

Are you looking for?  Fulltime  Part Time

Position applying for:  Auto Body Technician

Are you a license's Auto Body Technician?  Yes  No

Refinish Technician (painter)

Apprenticeship – What Level of apprenticeship? \_\_\_\_\_

Estimator/Sales

Administrative Assistance  Detailer

Other \_\_\_\_\_

How many years in the trade? \_\_\_\_\_

Are you legally eligible to work in Ontario?  Yes  No

Date you are available start to work? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Do you have reliable means of transportation to and from work?  Yes  No

Wage expectations per hour? \_\_\_\_\_

### Most Recent Employment History

1. Present/Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Length of time employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary/Wages: \_\_\_\_\_

**May we contact this employer?**  Yes  No

2. Present/Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Length of time employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary/Wages: \_\_\_\_\_

**May we contact this employer?**  Yes  No

3. Present/Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position: \_\_\_\_\_  
Length of time employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary/Wages: \_\_\_\_\_

**May we contact this employer?**  Yes  No

### Education – Highest Level of Education Accomplished

- |                          | School Name          | Course of Study | Year Completed |
|--------------------------|----------------------|-----------------|----------------|
| <input type="checkbox"/> | High School          | _____           | _____          |
| <input type="checkbox"/> | College/University   | _____           | _____          |
| <input type="checkbox"/> | Continuing Education | _____           | _____          |
| <input type="checkbox"/> | Trade School         | _____           | _____          |
| <input type="checkbox"/> | Other                | _____           | _____          |

**Safety Training**

Year Completed

- First Aid/CPR \_\_\_\_\_
- WHMIS \_\_\_\_\_
- Other \_\_\_\_\_

List below any other training/certification or accomplishments you would like to share that you have not listed above.

---

---

---

---

---

---

---

---

**References**

Contact Name \_\_\_\_\_  
Job Position \_\_\_\_\_  
Phone# \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_

Contact Name \_\_\_\_\_  
Job Position \_\_\_\_\_  
Phone# \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_

Contact Name \_\_\_\_\_  
Job Position \_\_\_\_\_  
Phone# \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_

I authorize investigation of all statements contained in this application and I hereby certify that to the best of my knowledge and belief, the answers given by me and the statements are correct. I understand that any false information or consequential omission is cause for immediate dismissal.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_