

**RAYMOND AUTO BODY, INC.
1075 PIERCE BUTLER ROUTE
ST PAUL, MN 55104
651-488-0588
651-488-4794 FAX**

APPLICATION FOR EMPLOYMENT

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment.
This is not an employment contract.

Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.

All qualified applications will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin, the presence of disabilities, sexual orientation, status with regard to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment.

Additional testing of job-related skills and for the presence of drugs may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

This application applies only to the position specified. This application is considered inactive after sixty (60) days. If at any time after this you wish to be considered for employment with this company, another application must be completed.

****PLEASE PRINT****

Date of application: _____

Position(s) you are applying for: _____

Full name: _____
Last First Middle

Street address: _____

City _____ State _____ Zip code _____

Home telephone (_____) _____

Alternate telephone (_____) _____

Have you previously applied for employment with Raymond Auto Body? YES NO

Have you previously been employed by Raymond Auto Body? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you legally able to work in the United States? YES NO
(Proof of ability to work in this country will be required upon employment.)

Are you under the age of 18? YES NO

On what date are you available to start working? _____

Are you available to work: Full-time Part-time Temporary *(please circle one)*

Are you currently on "lay-off" status and subject to recall? YES NO

If the job requires, do you have the appropriate valid driver's license? YES NO

DL# _____ Type _____ State of issue _____

Have you been given a job description or had the requirements of the job explained to you? YES NO

Can you perform the requirements of this job? YES NO

Have you been convicted of a felony within the past last seven (7) years? YES NO
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

What foreign language(s) do you speak, read or write? _____

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities.

EMPLOYER NAME _____
EMPLOYER STREET ADDRESS _____
EMPLOYER TELEPHONE (_____) _____
POSITION HELD _____
EMPLOYED FROM ____/____/____ TO ____/____/____
STARTING WAGE/SALARY \$ _____ ENDING WAGE/SALARY \$ _____
SUPERVISOR'S NAME _____
DESCRIBE DUTIES PERFORMED _____

REASON FOR LEAVING _____

EMPLOYER NAME _____
EMPLOYER STREET ADDRESS _____
EMPLOYER TELEPHONE (_____) _____
POSITION HELD _____
EMPLOYED FROM ____/____/____ TO ____/____/____
STARTING WAGE/SALARY \$ _____ ENDING WAGE/SALARY \$ _____
SUPERVISOR'S NAME _____
DESCRIBE DUTIES PERFORMED _____

REASON FOR LEAVING _____

EMPLOYER NAME _____
EMPLOYER STREET ADDRESS _____
EMPLOYER TELEPHONE (_____) _____
POSITION HELD _____
EMPLOYED FROM ____/____/____ TO ____/____/____
STARTING WAGE/SALARY \$ _____ ENDING WAGE/SALARY \$ _____
SUPERVISOR'S NAME _____
DESCRIBE DUTIES PERFORMED _____

REASON FOR LEAVING _____

EDUCATION HISTORY

Name of High School _____

Address of High School _____

Years completed: 9 10 11 12 (please circle one)

Diploma received: YES NO

Special courses taken related to desired position _____

Name of College/University/Trade School _____

Address School _____

Years completed: 1 2 3 4 (please circle one)

Diploma / Degree received: YES NO

Describe course of study _____

Name of College/University/Trade School _____

Address of School _____

Years completed: 1 2 3 4 (please circle one)

Diploma / Degree received: YES NO

Describe course of study _____

Describe any specialized training, apprenticeship(s), or skills _____

PERSONAL REFERENCES

List the names, addresses and telephone numbers of at least three (3) personal references who are familiar with your work ability. DO NOT include relatives or previous employers.

Name _____

Address _____

Telephone (_____) _____

How long have you known this reference? _____

What is your relationship to this reference? _____

Name _____

Address _____

Telephone (_____) _____

How long have you known this reference? _____

What is your relationship to this reference? _____

Name _____

Address _____

Telephone (_____) _____

How long have you known this reference? _____

What is your relationship to this reference? _____

CERTIFICATION: I certify that I have read and understand the APPLICANT NOTE on page one of this application and that the information contained in this application and all statements made during the application process are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of fact may result in the rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by Raymond Auto Body, Inc. or me.

RELEASE: My signature further certifies and authorizes Raymond Auto Body, Inc. and/or its agents to verify any of this information including but not limited to criminal history and motor vehicle records. I authorize all persons, schools, companies, former employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signed _____

Date _____