

APPLICATION FOR EMPLOYMENT

GALLO-MILLER PAINT & COLLISION REPAIR

NAME/ADDRESS

Last:

First:

DATE:

Middle Initial:

Address:

Telephone:

City:

State:

Zip:

DESIRED EMPLOYMENT

Position:

Date you can start:

Desired Salary:

Are you currently Employed?

If so may we contact your employer?

EDUCATION

Name and location of high school:

Years Attended:

Date graduated:

Name and location of University/College:

Years Attended:

Date graduated:

Trade/Business or

Correspondence school:

Years Attended:

Date graduated:

ADDITIONAL AREAS OF EXPERIENCE

Areas of specialized study, research or additional experience:

US Military service:

Rank:

Present member in

National Guard or Reserves:

EMPLOYMENT HISTORY: LIST LAST THREE JOBS

Employer:

Phone:

Salary:

Address:

Date from:

Date to:

Job Title:

Duties:

Reason for leaving:

Employer:

Phone:

Salary:

Address:

Date from:

Date to:

Job Title:

Duties:

Reason for leaving:

Employer:

Phone:

Salary:

Address:

Date from:

Date to:

Job Title:

Duties:

Reason for leaving:

PHYSICAL RECORD

Do you have any physical disabilities that may prevent you from performing the work for which you are applying: If so please describe:

Have you ever been injured?

Provide details:

In case of emergency notify:

Address:

Telephone:

REFERENCES

Name:

Occupation:

Telephone:

Name:

Occupation:

Telephone:

Name:

Occupation:

Telephone:

SIGNATURE _____

DATE _____