



PH 303.691.9484

2005 South Holly Street  
 Denver, Colorado 80222  
 FX 303.691.8056 addisonauto.com

# Employment Application

## Personal Data

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

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Position Applying For: \_\_\_\_\_

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

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

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

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Do you have a valid driver's license? **Yes**      **No**      License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Do you have adequate transportation to and from work? **Yes**      **No**

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Have you been cited for a traffic violation of any kind within the last FIVE years? **Yes**      **No**  
**If yes, please give date and details:**

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Who were you referred by? \_\_\_\_\_

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## Education

Education	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diplomas or Degrees				
Describe Course of Study or Major				
Describe Specialized Training, Military Experience, Skills & Extracurricular Activities				

## Record of Previous Employment

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If you were self-employed, give the business name and supply business references. Attach extra pages if necessary.

Present or Last Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone				
		\$		
Previous Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone				
		\$		
Previous Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone				
		\$		
Previous Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone				
		\$		
Previous Employer	Employed	Salary	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone				
		\$		
Previous Employer	Employed	Pay	Your Title or Position	Reason for Leaving
Address	From (mo./yr.)	Start		
City, State, Zip	To (mo./yr.)	Final	Name of Last Supervisor	
Telephone				
		\$		

## References

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List professional references who are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

Name	Occupation	Address	Telephone	Years Known

## Additional Information

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Have you ever been terminated or asked to resign from any job?      Yes       No   
If yes, explain the circumstances:

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Please explain any gaps in your employment history:

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May we contact your most current employer?      Yes       No

Have you ever pled guilty or "no contest" to, or been convicted of a misdemeanor or felony?      Yes       No   
If yes, give details and dates of each:

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Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial?

Yes       No

# Experience

Please indicate actual work experience you have in any of the following areas or positions:

Administration	Body Production	Mechanical Production	Other
<input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Warranty Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier <input type="checkbox"/> Job Costing <input type="checkbox"/> Receptionist <input type="checkbox"/> Insurance Claims <input type="checkbox"/> Word Processing <input type="checkbox"/> Computer Accounting <input type="checkbox"/> Financial Statements <input type="checkbox"/> Financial Analysis <input type="checkbox"/> Real Estate <input type="checkbox"/> Tax Returns	<input type="checkbox"/> Frame Technician <input type="checkbox"/> Universal Bench Systems <input type="checkbox"/> Dedicated Jig Systems <input type="checkbox"/> Body Technician <input type="checkbox"/> Mig Welding <input type="checkbox"/> Oxy/Acetylene Welding <input type="checkbox"/> Mechanic <input type="checkbox"/> Suspension & Steering <input type="checkbox"/> Wheel Alignment <input type="checkbox"/> Plastic Repair <input type="checkbox"/> Cooling Systems <input type="checkbox"/> Air Conditioning <input type="checkbox"/> ABS Brakes <input type="checkbox"/> Air Bag Systems <input type="checkbox"/> Exhaust Systems <input type="checkbox"/> Automotive Electrical <input type="checkbox"/> Apprentice/Helper <input type="checkbox"/> Color Matching <input type="checkbox"/> Computerized Paint Mixing <input type="checkbox"/> Paint Preparation <input type="checkbox"/> Refinish Technician <input type="checkbox"/> Machine Polishing <input type="checkbox"/> Detailer <input type="checkbox"/> Maintenance <input type="checkbox"/> Glass Installation	<input type="checkbox"/> Line Technician <input type="checkbox"/> Apprentice <input type="checkbox"/> Alignment / Suspension <input type="checkbox"/> Tires <input type="checkbox"/> Factory Rec. Maintenance <input type="checkbox"/> HD Engine, Drivetrain R&R <input type="checkbox"/> Drivability <input type="checkbox"/> Emissions <input type="checkbox"/> Engine Rebuild <input type="checkbox"/> Trans Rebuild What Scan Tools are you familiar with? a) _____ b) _____ c) _____ d) _____	<input type="checkbox"/> Shop Manager <input type="checkbox"/> Service Manager <input type="checkbox"/> Insurance Adjuster <input type="checkbox"/> Insurance Appraiser <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Production Manager <input type="checkbox"/> Department Manager <input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Counter Person <input type="checkbox"/> Inventory Control <input type="checkbox"/> Purchasing Agent <input type="checkbox"/> Advertising/Marketing
<b>Sales</b> <input type="checkbox"/> Salesperson Retail <input type="checkbox"/> Salesperson Service <input type="checkbox"/> Salesperson Wholesale <input type="checkbox"/> Department Sales Mgr. <input type="checkbox"/> Regional Sales Mgr. <input type="checkbox"/> Leasing Manager <input type="checkbox"/> Salesperson (New Car) <input type="checkbox"/> Salesperson (Used Car) <input type="checkbox"/> Phone Sales <input type="checkbox"/> Customer Service Rep. <input type="checkbox"/> Estimator <input type="checkbox"/> Service Advisor		<input type="checkbox"/> Brakes <input type="checkbox"/> ABS <input type="checkbox"/> Air Bags <input type="checkbox"/> Climate Control Do you specialize in any specific makes? a) _____ b) _____ c) _____ d) _____ Are you familiar with: <input type="checkbox"/> Identifix <input type="checkbox"/> Alldata <input type="checkbox"/> Mitchell <input type="checkbox"/> IATN	

Remarks & Special Qualifications: (Please include any computer systems and programs with which you are familiar.)

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I hereby state that all the information that I provided on this application is true and correct.

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Signature of Applicant

Date



**Nationsearch.com 3879 E. 120th Ave. Suite #338 Thornton, CO. 80233**  
**Phone 800.827.9550 Fax 800.827.6118**

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of \_\_\_\_\_.

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, \_\_\_\_\_, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) \_\_\_\_\_.

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

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

Other Names Used:

Social Security Number	
Date of Birth: To be used for screening purposes only	
Motor Vehicle number and state	

Street Address	City	State	Zip Code

**ZURICH PROGRAMS & DIRECT MARKETS  
MVR DEPARTMENT  
913-906-2535**

**New Hire MVR Request Fax Form  
AFTERMARKET REQUEST**

\*\*\*\*\*MUST BE FILLED OUT LEGIBLY. IF IT IS NOT LEGIBLE IT WILL INCREASE THE AMOUNT OF TIME NEEDED TO PROCESS YOU REQUEST.\*\*\*\*\*

**Company Information:**

Account #. 0028734-00

Account Name as listed on your policy: Addison Collision Center

Account Address: 2005 S Holly St

City and State of Account: Denver CO. 80222

Name of person to contact with MVR results: Jim or Brenda Addison

CONFIDENTIAL FAX #: (303) 691-8056 PHONE # (303) 691-9484

**Prospect Information:**

Full Legal Name as it appears on DL: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Drivers License#: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Job Title: \_\_\_\_\_

If newly issued DL #, please provide previous number and state \_\_\_\_\_

**AUTHORIZATION FOR COMPANY TO OBTAIN A DRIVER'S LICENSE REPORT**

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with you application for employment or in connection with your employment. It is our normal practice to limit the consumer report to driving records available for the appropriate state departments of motor vehicles.

I voluntarily authorize Zurich to obtain a consumer report for the purposes of business insurance underwriting. I acknowledge that Zurich is not my employer or perspective employer and will not make any employment decision relating to me. I understand agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Date of Birth information will be used by the consumer reporting agency to try to insure an accurate investigation. It will not be used in any employment decision.

**ZURICH PROGRAMS & DIRECT MARKETS  
AFTERMARKET REQUEST  
Fax Number 913-906-2535**