

APPLICATION FOR EMPLOYMENT

Last Name	First	MI	Date
Street Address			Home Telephone
City, State, Zip			Social Security #
Position Desired		Pay Expected	Driver's license number (If required by job)
Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			Date Available For Work

May we contact you at work? Yes No
 If Yes, work number and best time to call. () _____ - _____ Time: _____

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No
 If Yes, give date. _____ / _____ / _____

Have you ever been employed here before? Yes No
 If Yes, give dates. From: ____ / ____ / ____ To: ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No
 (Proof of U.S. citizenship or immigration status will be required upon employment)

Are you on a lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If required by the employer, will you undergo pre-employment physical? Yes No

Have you ever been bonded? Yes No

Have you ever been convicted of a felony in the last seven (7) years? . . . Yes No
 (Such conviction may be relevant if job related, but does not bar you from employment)

If Yes, please explain:

Employment History

List your last three (3) employers starting with the most recent. Explain any gaps in employment in comment section below.

Company Name	Telephone	Dates Employed		Summarize the nature of work performed & job responsibilities
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor	\$	Per		
	Hourly Rate/Salary			
Final				
Reason for Leaving	Hourly Rate/Salary			
	Final			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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	Final			
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Comments (including explanation of any gaps in employment)

Educational Background

School	No Years Completed	Degree Diploma	GPA Class Rank	Major/Minor

Skills and Qualifications:

References

List names and telephone number of three business/work references that are **not** related to you and are not previous supervisors. If not applicable, list three schools or personal references that are not related to you.

Name	Telephone	Years Known

List any special accomplishments or any additional information you would like us to consider. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

An Equal Opportunity Employer

The Collins Group, Inc. shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, marital status, age or disability, and shall take such affirmative action as necessary to ensure that applicants are employed and employees are treated equally during employment without regard to race, color, religion, sex, national origin, marital status, age or disability.

Please see back page

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Collins Group, Inc. that such employment with The Collins Group, Inc. is at will, for no specified duration and may be terminated by either The Collins Group, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Collins Group, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Collins Group, Inc. except the President or the Executive Vice President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of The Collins Group, Inc..

In consideration for employment with The Collins Group, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of The Collins Group, Inc. at all times and understand that such obedience is a condition of employment. I understand that due to the nature of The Collins Group, Inc. business, attendance and punctuality are considered essential requirements of every job at The Collins Group, Inc. and that poor attendance or tardiness will result in disciplinary action.

Date

Signature

RECORDS RELEASE FORM

I, _____, hereby request the Marion Police Department
(Please Print)

to release any criminal/traffic information on file to **THE COLLINS GROUP, INC.** I hereby release the Marion, Indiana Police Department from all liability for damages whatsoever upon the release of this information.

Signed _____

DOB _____ **SSN** _____

Today's Date _____

Phone No. _____