

# AUTO BODY PANELS OF KANSAS CITY

4221 Gardner Ave  
Kansas City, MO 64120  
816-241-2100  
Fax: 816-241-1241

## EMPLOYMENT APPLICATION

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

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\_\_\_\_\_ Driver License#: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Eligible to Start: \_\_\_\_\_

Education	School Name	Graduate?	# of Years Completed	Degree/Major
High School				
College				
Bus/Tech/Trade				

### Work Experience

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Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

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

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

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact your employer (circle): yes no

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Supervisor: \_\_\_\_\_ May we contact your employer (circle): yes no

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**References**

(Not previous employers or relatives)

Name	Occupation	Phone Number	Years Known

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A drug screening test may be required prior to employment, initial below indicates acceptance of this policy.

Initial: \_\_\_\_\_

Various positions require a valid driver's license; initial below indicates permission to obtain your driving record.

Initial: \_\_\_\_\_

All information that is completed on this application is accurate and complete. If this statement is true please sign below.

Signature: \_\_\_\_\_

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