



Job Application
Speed Street Collision Center
608 Ford Dr., Lowell NC 28098
(704) 879-4359

Speed Street Collision Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State, Zip code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

Employment Position

Review open positions on myspeedstreet.com or contact the company

Which position(s) are you applying for? _____
What days are you available for work? _____
On what date can you start working if you are hired? _____
Do you have reliable transportation to and from work? _____
Salary desired: _____

Personal Information

Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
Have you ever been convicted of a criminal offense? (felony or misdemeanor)	Yes	No
Will you consent to a background check?	Yes	No
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No

Job Skills / Qualifications

Please list below the skills and qualifications you possess for the position which you are applying:

(Note: Speed Street Collision Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Trade School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree earned

Military

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State, and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References

Please provide 2 personal and professional references below:

Reference	Contact Information

Thank you for your interest in joining our team!

Applicant Signature: _____ Date: _____