



Application for Employment
 SCC | 2104 Dwyer Ave. Utica, NY 13501
 P. 315-235-3882 | F. 315-849-1661

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis; including veteran status, uniformed service member status, race, color, age, sex, religion, physical or mental disability, genetic information, medical condition, national origin, marital status or any other category protected by applicable federal, state or local laws.

SCC is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, SCC or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

Please answer all questions. Resumes are not a substitute of a completed application.

YOUR INFORMATION

Name:			Date:		
Address:					
City:		State:		Zip:	
Phone:		Cell:		Email:	
Position applying for:					
How did you hear about SCC?					
If under the age of 18, can you produce the necessary work certificate at time of employment? Yes No					
Date on which you can start work if hired:					
Have you previously applied for employment with SCC? Yes No					
If yes, when did you apply?					
Have you ever been employed by SCC? Yes No					
If yes, provide dates of employment, location and reason for separation:					

EMERGENCY CONTACTS

Name:			Phone:		
Address:			Relationship:		
Name:			Phone:		
Address:			Relationship:		

TRANSPORTATION

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Do you have dependable transportation? Yes No		Is your vehicle insured? Yes No	
Do you have a valid driver's license? Yes No			
License No.:		State:	Expiration Date:
Has your license ever been suspended or revoked? Yes No			
If yes, please explain:			
Do you have personal automobile insurance? Yes No			
If no, please explain:			
Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No			
If yes, please explain:			
Please list all moving traffic violations in the last five (5) years:			
Offense	Date	Location	Comments
ENVIRONMENTAL CONCERNS			
Our work environment requires the employee to paint and grind materials that compromises the quality of the air. Please note that SCC follows OSHA requirements for safety. Please explain below if you anticipate concerns with this requirement:			
<input type="checkbox"/> Explain:			
EDUCATION			
High School:		City/ State:	Did you graduate? Yes No
College:		City/ State:	Did you graduate? Yes No
Graduate:		City/ State:	Did you graduate? Yes No
Other:		City/ State:	Did you graduate? Yes No
Degrees/ Certificates:			
Special Skills/ Courses:			



EXPERIENCE

Discuss any training or experience you have with collision repair?

What would you like most about collision repair?

What would you like least about collision repair?

SCC pays our employees on an hourly basis. We work as a team. Please explain your experience in all areas of collision repair and those areas in which you would like more experience with.

EMPLOYMENT HISTORY

(Please list a minimum of five years work history, beginning with your most recent employment)
May we contact your current employer? Yes No

1. Company:	From:	To:
Address:	City/ State/ Zip:	
Job Title:	Reason Left:	
Duties:		
Supervisor Name:	Phone:	
2. Company:	From:	To:
Address:	City/ State/ Zip:	
Job Title:	Reason Left:	
Duties:		



Supervisor Name:		Phone:	
3. Company:		From:	To:
Address:		City/ State/ Zip:	
Job Title:		Reason Left:	
Duties:			
Supervisor Name:		Phone:	
4. Company:		From:	To:
Address:		City/ State/ Zip:	
Job Title:		Reason Left:	
Duties:			
Supervisor Name:		Phone:	
5. Company:		From:	To:
Address:		City/ State/ Zip:	
Job Title:		Reason Left:	
Duties:			
Supervisor Name:		Phone:	
6. Company:		From:	To:
Address:		City/ State/ Zip:	
Job Title:		Reason Left:	
Duties:			
Supervisor Name:		Phone:	
Have you ever been terminated or asked to resign? Yes No			
Has your employment ever been terminated by mutual agreement? Yes No			
Have you ever been given the choice to resign rather than be terminated? Yes No			
If you answered yes to any of the above questions, please explain the circumstances of each occasion:			
REFERENCES			
Please list the names of work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.			



Name	Position	Company	Work Relationship	Telephone

Please list the names of personal references (not previous employers or relatives) we may contact.

Name	Position	Company	Work Relationship	Telephone

AVAILABILITY

Days of week: (please check below the days you are available for work)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Times: (please check below the times you are available for work)

Mornings
 Afternoons
 Evenings

Are you willing to work overtime? Yes No

Other:

CERTIFICATION AND RELEASE: I certify that I have read and understand the application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize SCC and/ or its agents, including consumer reports bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that company policy requires that I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature:

Date:

DO NOT SEND THIS COMPLETED FORM TO US VIA EMAIL. EMAIL IS NOT A SECURE MEDIUM AND YOU PUT YOUR PERSONAL INFORMATION AT RISK IF YOU SEND THIS DOCUMENT VIA EMAIL. DROP OFF THIS COMPLETED DOCUMENT TO: 2104 DWYER AVE. UTICA, NY 13501.