

LACEY, CAPITAL & CHEHALIS COLLISION CENTERS
ON-LINE APPLICATION FOR EMPLOYEMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE / EMAIL _____

POSTION APPLYING FOR: _____

SKILLS AND QUALIFICATIONS THAT YOU WILL BRING TO THE COLLISION CENTER TEAM:

EDUCATION:

HIGH SCHOOL _____

COLLEGE _____

TRADE SCHOOL _____

MOST RECENT EMPLOYER: _____

WORKED FROM _____ TO _____ WAGES _____