



Scotty's Body Shop

Return application to:  
Scotty's Body Shop  
1430 Linden Street  
Des Moines, IA 50309  
515.246.9991

Scotty's Body Shop East  
59 University Ave  
Des Moines, IA 50314  
515.246.9992

**EMPLOYMENT APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
SS #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Email: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_  
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**Please answer the following questions completely. Failure to answer all questions may result in your not being hired. Any answers later determined to be grossly false will be cause for termination of employment.**

Under 18 years of age, can you provide proof of your eligibility to work? **Yes:** \_\_\_ **No:** \_\_\_  
Have you ever filed an application with us before? **Yes:** \_\_\_ **No:** \_\_\_  
If yes, when? \_\_\_\_\_  
Do you have friends or relatives that work here? **Yes:** \_\_\_ **No:** \_\_\_  
Relationship to you: \_\_\_\_\_  
Are you currently employed? **Yes:** \_\_\_ **No:** \_\_\_  
Reason for leaving? \_\_\_\_\_  
May we contact your current employer? **Yes:** \_\_\_ **No:** \_\_\_  
Are you a citizen of the United States? **Yes:** \_\_\_ **No:** \_\_\_  
If not a citizen, are you authorized to work in the United States? **Yes:** \_\_\_ **No:** \_\_\_  
If yes, Document type: \_\_\_\_\_ Document# \_\_\_\_\_  
Your Country of Origin/Birth: \_\_\_\_\_  
Can you travel if the job requires it? **Yes:** \_\_\_ **No:** \_\_\_  
Do you have a valid Driver's License? **Yes:** \_\_\_ **No:** \_\_\_  
Do you have reliable transportation to and from work? **Yes:** \_\_\_ **No:** \_\_\_  
  
Are you currently in "Lay-Off" status and subject to recall? **Yes:** \_\_\_ **No:** \_\_\_  
Have you ever been *convicted* of a crime? **Yes:** \_\_\_ **No:** \_\_\_

Nature of the offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to work full-time? **Yes:** \_\_\_ **No:** \_\_\_  
If not, what hours can you work? \_\_\_\_\_

**Note: All new employees at Scotty's Body Shop are subject to a 90 day (three month) probationary employment period. During that time, your work performance and overall behavior will be evaluated. If, at any time during that period, the management of Scotty's Body Shop decides that you do not have the necessary job or personal skills to justify continued employment, your employment will be terminated. There are no exceptions to this rule.**

I, \_\_\_\_\_ (applicant signature) Agree to the terms concerning the Probationary Employment Period. Date: \_\_\_\_\_

**Education Include High School, GED, College & Trade Schools. Most recent first.**

School: \_\_\_\_\_

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

Type of school: Trade \_\_\_ College \_\_\_ other: \_\_\_\_\_

Course of study: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

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School: \_\_\_\_\_

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

Type of school: Trade \_\_\_ College \_\_\_ other: \_\_\_\_\_

Course of study: \_\_\_\_\_

Dates attended: \_\_\_\_\_

did you graduate? \_\_\_\_\_

\*\*\*\*\*

School: \_\_\_\_\_

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

Type of school: Trade \_\_\_ College \_\_\_ other: \_\_\_\_\_

Course of study: \_\_\_\_\_

Dates attended: \_\_\_\_\_

did you graduate?

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**Work Experience Most recent work experience first.**

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Dates of employment: \_\_\_\_\_ still employed? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Dates of employment: \_\_\_\_\_ still employed? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Dates of employment: \_\_\_\_\_ still employed? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Dates of employment: \_\_\_\_\_ still employed? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Special Skills/Experience Check all that apply. This will help us to determine your workload.**

- Paint: \_\_\_ Years experience : \_\_\_
- Engine: \_\_\_ Years experience : \_\_\_
- Electrical: \_\_\_ Years experience : \_\_\_
- Assembly: \_\_\_ Years experience : \_\_\_
- Body Work: \_\_\_ Years experience : \_\_\_
- Fiberglass: \_\_\_ Years experience : \_\_\_
- Welding: \_\_\_ Years experience : \_\_\_
- Pin striping: \_\_\_ Years experience : \_\_\_
- Upholstery: \_\_\_ Years experience : \_\_\_

Please provide details of above (type of welding, auto body, paint used etc):

\_\_\_\_\_

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Describe any other special skills, training, or hobbies you believe will aid you in working for Scotty's Body Shop:

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**References: Provide at least three references. Do not include family members. References may be checked prior to any offer of employment.**

Name: \_\_\_\_\_

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

Years known: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of Reference: Personal \_\_\_ Trade \_\_\_ Business \_\_\_

Name: \_\_\_\_\_

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

Years known: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of Reference: Personal \_\_\_ Trade \_\_\_ Business \_\_\_

Name: \_\_\_\_\_

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

Years known: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of Reference: Personal \_\_\_ Trade \_\_\_ Business \_\_\_

**Associations:**

Please list any associations you are affiliated with within the automotive field:

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**Applicant's Statement:**

*I certify that all the answers given in this application are true and complete. I authorize the investigation of all statements contained in this application prior to employment. I also understand that, unless otherwise defined by applicable law, any employment with Scotty's Body Shop is an "at will" nature, which means that the Employee may resign at any time and the employer may discharge the employee at any time, with or without cause (according to state law) . Upon my approval for employment, I also agree not to work for any additional automotive related facilities, (for a fee or in trade) without prior approval from Scotty Buchanan . Doing so without prior approval will be grounds for immediate termination. I also understand that any drug and alcohol use, which impairs my performance at work, will be grounds for immediate termination. I further understand that any false or misleading information given in this application or during the interview can result in later dismissal from employment.*

**Applicant's Signature:**

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

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**How did you hear about Scotty's Body Shop? Were you referred by someone?**

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