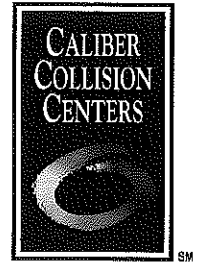


Caliber Holdings Corporation

(And All Wholly Owned Subsidiaries)

Application for Employment



We are an Equal Opportunity Employer (M/F/D/V)

Thank you for your interest in Caliber Collision Centers. Please accurately complete and sign this Application for Employment. Incomplete or unsigned applications will not be considered. You may use the Comments section at the end of this application, or attach additional pages, as needed. If you need assistance in completing this application or participating in any of the pre-employment process, please inform us. If you are hired, these documents will become part of your employee file. This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment thereafter, you must reapply.

General Information

Name _____			Date of Application _____	
<i>Last</i>	<i>First</i>	<i>Middle</i>		
Social Security No. _____ - _____ - _____	Home Phone No. (____) _____ - _____	Cell Phone No. (____) _____ - _____		
Home Address _____				
<i>Street</i>	<i>Apt.</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Position Desired _____	Date Available for Work _____	Earnings Expected \$ _____		
			<i>Circle One:</i>	<i>Weekly/Monthly</i>
Interested In: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Referred By: (Please Give Name) Newspaper _____ School _____				
Caliber Associate _____ Other _____				
Email _____				

Employment History

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give company name and supply business references.

Current/Most Recent Employer	
Address (Street, City, State & Zip) _____ Phone (____) _____	
Starting Position	Starting Pay
Last Position	Final Pay
Dates Employed From _____ To _____	Supervisor Name & Title
Duties	
Reason For Leaving	
Full Time	Part Time (____ Hrs. Per Week)

Employer	
Address (Street, City, State & Zip) _____ Phone (____) _____	
Starting Position	Starting Pay
Last Position	Final Pay
Dates Employed From _____ To _____	Supervisor Name & Title
Duties	
Reason For Leaving	
Full Time	Part Time (____ Hrs. Per Week)

May we contact your current employer? Yes No. If No, please explain:

Employment History Continued

Employer		Employer	
Address (Street, City, State & Zip)		Address (Street, City, State & Zip)	
Phone ()		Phone ()	
Starting Position		Starting Position	
Starting Pay		Starting Pay	
Last Position		Last Position	
Final Pay		Final Pay	
Dates Employed	Supervisor Name & Title		
From	To		
Duties			
Reason For Leaving			
Full Time	Part Time (___ Hrs. Per Week)		
Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain circumstances:			
Please explain fully any gaps in your employment history:			

Education

High School			
Name _____	Location _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City	State	
College/Vocational School/Other Institutions			
Name _____	Location _____	Degree type _____	
Date Received _____	Major Field _____	GPA (4Pt System) _____	
Other Special Skill Training, Certifications _____			

Pre-Employment Questions

Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state all names used:
Is any additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
If hired, can you provide proof that you are over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of satisfactorily performing the essential job duties of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a driver's license is required for the position for which you are applying, do you have a current valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Issuing State: _____ License No.: _____ Expiration Date: _____
Have you ever worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date(s), Unit name, location, and Supervisor name:
Have you ever pled guilty or "no contest" to, or been convicted of, a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give the date(s) and details:
Have you been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give the date(s) and details:
NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (All Applicants - Do not include minor traffic citations or arrests/convictions for which the record has been sealed or expunged.) (CA Applicants Only - Do not include any arrest or conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, or marijuana-related offenses that occurred more than two years ago.)
How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation? (Year / # of days) (20__ / ___ Days) (20__ / ___ Days) (20__ / ___ Days)

Personal References

Please list colleagues, teachers or others who know you well that we may contact. Do not list previous employers or relatives.

Name _____	Position _____
Employer _____	Association with you _____
Home Address _____ <i>Street City State Zip Code</i>	Phone/Cell Phone No. (____) _____ - _____

Name _____	Position _____
Employer _____	Association with you _____
Home Address _____ <i>Street City State Zip Code</i>	Phone/Cell Phone No. (____) _____ - _____

Name _____	Position _____
Employer _____	Association with you _____
Home Address _____ <i>Street City State Zip Code</i>	Phone/Cell Phone No. (____) _____ - _____

Career Objectives

Why are you interested in working for Caliber Collision Centers, and what are your career objectives?

Comments Section

This section has been provided for additional comments.



All applicants MUST read and sign the Applicant's Statement and Agreement on the reverse side of this page before the application will be accepted.



APPLICANT'S STATEMENT & AGREEMENT
Please read carefully, initial each paragraph, and sign below

_____ In the event of my employment to a position with Caliber, I will comply with all Company rules and regulations. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to and during my employment. I consent to the disclosure of the results of any drug tests and all pre-employment tests to the Company. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

_____ I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

_____ I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed.

_____ I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Federal Rules of Civil Procedure. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, the Texas Commission on Human Rights Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Workers' Compensation, Unemployment Compensation claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing (CA applicant's only), the Texas Commission on Human Rights (TX applicant's only), or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be, depending on the state where I am applying for employment, a retired California Superior Court Judge, Texas District Court Judge, U.S. District Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Acts' procedures, the arbitrator shall extend the times set by the Acts for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both the Company and I give up our right to trial by jury of any claim the Company or I may have against each other.**

_____ If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

_____ This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President and/or CEO of the Company. No supervisor or representative of the Company, other than its President and/or CEO, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

CA Applicants Only – I further understand that the Company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS, AND THAT I UNDERSTAND AND AGREE TO SAME.

Signature of Applicant

Date