



APPLICATION FOR EMPLOYMENT

Date

Last Name	First Name	Middle Initial
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Street Address

City	State	Zip Code	() (Area Code) Phone Number
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Position desired	Rate of pay desired	Date you can start to work
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Type of employment:	PART-TIME	FULL-TIME
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Are you 18 years of age or older?	YES	NO
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If under 18, you will be required to submit a birth certificate or work certificate.	YES	NO
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Can you after employment, submit verification of your legal right to work in the United States?	YES	NO
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Check the highest level or equivalent completed (circle one):	8 OR LESS	9	10	11	12	COLLEGE
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Are you currently a student?	YES	NO
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Have you ever been convicted of a felony?	YES	NO
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Have you ever been convicted of any type of fraud or theft?	YES	NO
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(see other side to complete application)



EMPLOYMENT HISTORY

List entire employment history, starting with your present employer. For any unemployed or self-employed periods show dates and location.

Company _____	Company _____	Company _____
Address _____	Address _____	Address _____
City/State & Zip _____	City/State & Zip _____	City/State & Zip _____
Phone _____	Phone _____	Phone _____
Your Job _____	Your Job _____	Your Job _____
Supervisor _____	Supervisor _____	Supervisor _____
Employed From _____	Employed From _____	Employed From _____
Employed To _____	Employed To _____	Employed To _____
Last pay rate _____	Last pay rate _____	Last pay rate _____
Reason for leaving _____	Reason for leaving _____	Reason for leaving _____

If currently employed, may we contact your employer? YES NO

	EARLIEST TIME	LATEST TIME
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		

Check if you are available to work:
 Days Nights Saturday Sunday

REFERENCES

List two (2) people (no relatives) you have worked with and whom we may contact for a reference if necessary.

Name _____

Occupation _____

Street _____

City _____

Name _____

Occupation _____

Street _____

City _____

The company, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations credit bureaus and law enforcement agencies to supply any information concerning my background. **I have read, understand and agree to this statement. (Initial Here) _____.**

I understand that Old Towne Express Car Wash has a commitment to maintain an Alcohol / Drug Free workplace and may, unless prohibited by law, require a drug screening test as part of its selection and hiring process. I understand that such a drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if employed, I may be required to submit to alcohol / drug testing under certain circumstances during my employment. **I have read, understand and agree to this statement. (Initial Here) _____.**

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal.

I understand that this application is not a contract, offer or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause. **I have read, understand and agree with this statement. (Initial Here) _____.**

IMPORTANT- We are glad you are interested in joining the Old Towne Express Car Wash team. Please read carefully before you sign and return the application.

I understand that this application is good only for sixty days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

Signature as shown on Social Security Card