

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURE.

*Applicants may be tested for illegal drug

DATE _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL MAIDEN

PRESENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

HOW LONG AT THIS ADDRESS? _____

SOCIAL SECURITY NUMBER _____ AGE (if under 18) _____

HOME PHONE () _____ MOBILE PHONE () _____

POSITION APPLIED FOR: _____

HOURLY WAGE DESIRED: (be specific) _____

DAYS AND HOURS AVAILABLE TO WORK

- NO PREFERENCE
- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY
- SUNDAY

HOW MANY HOURS WEEKLY? _____

CAN YOU WORK NIGHTS? YES NO

EMPLOYMENT DESIRED:

- FULL-TIME ONLY
- PART-TIME ONLY
- FULL OR PART-TIME

DATE THAT YOU WISH TO START?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, explain number of convictions(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

EDUCATION

EDUCATION HISTORY	NAME OF SCHOOL	SUBJECTS STUDIED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			
OTHER			

DRIVING INFORMATION

DO YOU HAVE A DRIVER'S LICENSE? YES NO

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____

TYPE OF LICENSE OPERATOR COMMERCIAL (CDL) CHAUFFEUR

EXPIRATION DATE OF DRIVER'S LICENSE _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES NO *How many?* _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? YES NO *How many?* _____

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK _____

MILITARY INFORMATION

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU A MEMBER OF THE NATIONAL GUARD? YES NO

SPECIALTY _____ DATED ENTERED _____ DISCHARGE DATE _____

WORK EXPERIENCE *Please list your last three employers starting with your most recent one first.*

NAME OF EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

YOUR LAST JOB TITLE _____

REASON FOR LEAVING *(be specific)* _____

List the jobs you held, duties performed and skills used or learned: _____

NAME OF LAST SUPERVISOR

EMPLOYMENT DATES

From:

To:

PAY OR SALARY

Start:

Final:

NAME OF EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

YOUR LAST JOB TITLE _____

REASON FOR LEAVING *(be specific)* _____

List the jobs you held, duties performed and skills used or learned: _____

NAME OF LAST SUPERVISOR

EMPLOYMENT DATES

From:

To:

PAY OR SALARY

Start:

Final:

NAME OF EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER () _____

YOUR LAST JOB TITLE _____

REASON FOR LEAVING *(be specific)* _____

List the jobs you held, duties performed and skills used or learned: _____

NAME OF LAST SUPERVISOR

EMPLOYMENT DATES

From:

To:

PAY OR SALARY

Start:

Final:

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO IF NO, WHO DID? _____

PLEASE READ CAREFULLY - EMPLOYMENT APPLICATION WAIVER FORM

In exchange for the consideration of my job application by Kwik Kar Wash • Detail • Lube (hereinafter called "the Company") I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personal manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any altered except by a written instrument signed by the Owners of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant: _____ Date _____

Kwik Kar Wash • Detail • Lube is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure that your opportunity for employment with Kwik Kar Wash depends solely on your qualifications.