



APPLICATION FOR EMPLOYMENT

1. Print Clearly. This application must be completed in its entirety, even if your resume is attached. Incomplete or illegible applications will not be processed.
2. Answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process, or if discovered after employment, terminating employment at any time
3. All Job Candidates who receive an offer of employment will be required to submit to a drug test at anytime during employment. Positive test results will be terms for immediate dismissal.
4. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

EMPLOYMENT APPLICATION APPLICANT INFORMATION				Date: __/__/____	
Last Name		First		M.I.	Maiden
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Date Available to Start:		Full Time:____ Part Time:____	
When are you available to work?		Days_____ Weekends_____ Holidays _____		Flexible _____	
Position Applied for:					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Are you 21 years of age or older? Yes _____ No _____					
Are you able to provide required documentation to establish identity and authorization to work in the U S ? Yes _____ No _____					
If the job requires, do you have a valid driver's license? If you have had licenses prior to your current licenses from other states, Please list those states Yes _____ No _____					
Have you been convicted of a crime including DWI/DUI, plead guilty or "No Contest" to a criminal charge, or entered into an agreement setting forth the conditions for the eventual dismissal of a Criminal Case? If yes explain Yes _____ No _____					
Have you ever been dismissed from a position for committing fraud or theft? If yes explain Yes _____ No _____					
Can you perform the essential functions of the job, for which you are applying for? Yes _____ No _____					
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

Please list any languages that you speak, read or write in addition to English?			
List any licenses, certifications or skills that especially qualify you for the position to which you are applying.			
What do you consider to be your strongest work skills? _____			
Have you ever been employed by or applied for a position with Ultra Touch Car Wash ? Yes _____ No _____			
If yes, please explain			
Do you have any friends or relatives that have worked past or present for Ultra Touch Car Wash ? Yes _____ No _____			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Full Name		Relationship	
Company		Phone ()	
Full Name		Relationship	
Company		Phone ()	
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	