EAGLE

AUTO WASH ®

& Detailing Salon

(An Equal Opportunity Employer)

PLEASE WRITE POSITION APPLIED FOR:

_____

Date Available to Begin:

Mo. Day Yr.

FOR USE BY OFFICE ONLY

Starting Date _____

Position _____ Wage_____

Employee # _____

Hired By _____

Date _____ **Social Security #** _____

Name _____ **Phone** _____

Address _____ **How Long?** _____

No. Street City State Zip Code

Previous Address _____ **How Long?** _____

No. Street City State Zip Code

If you are under 19, what is your age? _____ **and date of birth?** _____

If hired, can you furnish proof of age? **Yes** ☐ **No** ☐

Email Address _____

PERSONAL REFERENCES:

NAME AND OCCUPATION	ADDRESS	PHONE

EMPLOYMENT RECORD: **(please be accurate and complete, most recent first - include last 5 years)**

NAME AND ADDRESS OF COMPANY, TYPE OF BUSINESS	FROM MO./YR.	TO MO./YR.	TYPE OF WORK/ RESPONSIBILITIES	SALARY START	SALARY END	NAME OF SUPERVISOR

EDUCATION RECORD:

Did you graduate from high school? _____ **Where** _____ **When** _____

Name City State

Have you attended college? _____ **Where** _____ **When** _____

Name City State

Did you graduate? _____ **Where** _____ **When** _____

Name City State

Course of study/degree _____ **Special courses** _____

What special skills do you possess that you feel would qualify you for this position? _____

_____

May we contact your listed employers? _____ **If not, which ones?** _____

Do you have any physical defects that might affect your ability to do this type of work? _____

Describe: _____

_____

Have you ever worked for this company before? _____ **When:** _____

Do you know anyone who is presently working for us? _____

How many hours per week would you like to work? _____ **Rate of pay expected** _____/wk.

Have you ever been convicted of a felony? **Yes** ☐ **No** ☐ **If YES, please give details below.**

Please list times available to work:

Sunday	_____	**to**	_____
Monday	_____	**to**	_____
Tuesday	_____	**to**	_____
Wednesday	_____	**to**	_____
Thursday	_____	**to**	_____
Friday	_____	**to**	_____
Saturday	_____	**to**	_____

In case of emergendy notify _____
Name **Relation** **Phone number**

Do you have any commitments that might keep you from working the hours listed above? **Yes** ☐ **No** ☐

If yes, explain: _____

Do you expect any absence from the job in the next year? **Yes** ☐ **No** ☐ **If yes, explain:** _____

_____

Are you in the country on a Visa which would not permit you to work here? **Yes** ☐ **No** ☐

Comments: _____

_____

_____

In return for the Company's consideration of me as a possible employee, I agree and consent that the Company and its agents have permission to administer to me any examinations (including physical examinations which may include but not be limited to urine, blood, or other tests for drugs or alcohol) by doctors or other persons selected by the Company. I further agree that the results of such examinations may be used by the Company in deciding whether or not to hire me as an employee of the Company. I release the Company and its employees and agents from any liability arising out of, or in any way connected with, such examinations or the use of the information obtained through such examinations, including a decision not to employ me.

I further state that all information given on this employment application is accurate and to the best of my knowledge and belief and that any false statements made by me in this application will be reason for my release.

Considering my employment, I agree to follow the policies and rules of EAGLE. I understand and agree that, regardless of the date of my employment, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I understand that no manager or representative of the Company has the authority to enter into an employment agreement for any specific period or to make any agreement contrary to the above.

Date_____ _____
(SIGNATURE OF APPLICANT)