

## Application for Employment



### An Equal Opportunity Employer

<b>Position:</b>		<b>Date:</b>	
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	
<b>Address: Street</b>		<b>City</b>	<b>State</b>
<b>Zip</b>			
<b>Phone Number:</b>		<b>Social Security Number:</b>	
<b>Are you 18 years old?</b> Yes _____ No _____		<b>Shift Availability:</b>	
<b>Are you legally eligible for employment in the US?</b> Yes _____ No _____			
<b>Have you previously worked for any other carwash location?</b> Yes _____ No _____  If yes, where _____    From: _____    To: _____			
<b>Have you ever gone by any other name? If so, please indicate all other names:</b>			
<b>Have you ever been convicted of a felony?</b> Yes _____    No _____  If yes, please explain			

Education Background			
	Name & Location	Years Completed	Course of Study
High School			
Tech School			
College			

<b>Additional Education, Training, or Skills</b>
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<b>Employment History: List your last three (3) employers, starting with the most recent</b>		
<b>Employer:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Phone Number:</b>
<b>Job Duties:</b>		
<b>Machinery Operated:</b>		
<b>Reason for Leaving:</b>		

<b>Employment History: List your last three (3) employers, starting with the most recent</b>		
<b>Employer:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Phone Number:</b>
<b>Job Duties:</b>		
<b>Machinery Operated:</b>		
<b>Reason for Leaving:</b>		

<b>Employment History: List your last three (3) employers, starting with the most recent</b>		
<b>Employer:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Phone Number:</b>
<b>Job Duties:</b>		
<b>Machinery Operated:</b>		
<b>Reason for Leaving:</b>		

I certify the facts contained in this application are true and complete the best of my knowledge. I understand that, if I falsify this application or misrepresent or leave out information, I may be refused employment; or, if employed, I will be subject to discharge.

I authorize investigation of all statements contained in this application. I also grant permission to contact all former employers listed above and authorize them to release all information concerning my previous employment. I release all parties from liability for any damage that may result from furnishing this information to you.

I understand that, as part of my employment, I may be required to take physical and other examinations.

I understand that if employed, just as I may terminate my employment at any time without notice or cause, AquaWave may terminate or modify my employment relationship with it at any time without notice, cause, or reason whatsoever. I further understand that no one at AquaWave, except the owner, has the authority to make or enter contracts of employment or to make any promises or guarantees of continued employment.

I also understand that in order to remain active, this application must be renewed every 30 days.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**