



Application for Employment

Premier Car & Dog Wash
925 Fort Riley Boulevard
Manhattan, KS 66502
785-587-WASH (9274)
www.PremierCarWash.com

Thank you for taking the time to complete this application.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Completing an application does not guarantee an interview or employment. Application must be completed in full even if attaching a resume.

PERSONAL							
PLEASE PRINT USING BALLPOINT PEN							
FULL NAME	FIRST MIDDLE LAST						SOCIAL SECURITY NUMBER
PRESENT ADDRESS	STREET						LOCAL TELEPHONE #
	CITY STATE ZIP						EMAIL ADDRESS
HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.							
POSITION APPLIED FOR							
HOW WERE YOU REFERRED?							
GENERAL INFORMATION							
ARE YOU UNDER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE DATE OF BIRTH.							
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:							
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:							
PLEASE CHECK SCHEDULE AVAILABILITY:							
<input type="checkbox"/> I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days. (Complete Section B.)							
<input type="checkbox"/> I am available and desire to work PART-TIME (If less than 39 hours a week, please complete Sections A & B).							
<input type="checkbox"/> I am available and desire to work SEASONAL (Please complete Sections A & B).							
A. I am only available for PART-TIME because:							
<input type="checkbox"/> Student (Please Attach Class Schedule) <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain) _____							
B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.							

WAGE EXPECTED PER HOUR \$	HOURS AVAILABLE PER WEEK	DATE AVAILABLE FOR WORK
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EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	JOB TITLE		FROM		STARTING SALARY	DESCRIBE YOUR JOB DUTIES
			MO.	YR.		
	NAME OF COMPANY/EMPLOYER				\$	
	ADDRESS		TO		ENDING SALARY	
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.	TYPE OF BUSINESS			REASON FOR LEAVING		
EXPLAIN ANY PERIOD BETWEEN JOBS				SUPERVISOR NAME/TITLE		
				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2	JOB TITLE		FROM		STARTING SALARY	DESCRIBE YOUR JOB DUTIES
			MO.	YR.		
	NAME OF COMPANY/EMPLOYER				\$	
	ADDRESS		TO		ENDING SALARY	
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.	TYPE OF BUSINESS			REASON FOR LEAVING		
EXPLAIN ANY PERIOD BETWEEN JOBS				SUPERVISOR NAME/TITLE		
				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3	JOB TITLE		FROM		STARTING SALARY	DESCRIBE YOUR JOB DUTIES
			MO.	YR.		
	NAME OF COMPANY/EMPLOYER				\$	
	ADDRESS		TO		ENDING SALARY	
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.	TYPE OF BUSINESS			REASON FOR LEAVING		
EXPLAIN ANY PERIOD BETWEEN JOBS				SUPERVISOR NAME/TITLE		
				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4	JOB TITLE		FROM		STARTING SALARY	DESCRIBE YOUR JOB DUTIES
			MO.	YR.		
	NAME OF COMPANY/EMPLOYER				\$	
	ADDRESS		TO		ENDING SALARY	
		MO.	YR.			
CITY, STATE, ZIP				\$		
PHONE NO.	TYPE OF BUSINESS			REASON FOR LEAVING		
EXPLAIN ANY PERIOD BETWEEN JOBS				SUPERVISOR NAME/TITLE		
				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other skills, interests, experience and training including software and technology that should be considered in evaluating your qualifications for employment.

REFERENCES (Other than names listed in employment history)

1	NAME	PHONE # ()
HOME ADDRESS HOME PHONE ()		TITLE/ RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
2	NAME	PHONE # ()
HOME ADDRESS HOME PHONE ()		TITLE/ RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
3	NAME	PHONE # ()
HOME ADDRESS HOME PHONE ()		TITLE/ RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed or interviewed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, pregnancy, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by senior management, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

