



# WHITE HORSE AUTO WASH

## WHITE HORSE AUTO WASH

### Employment Application

PERSONAL INFORMATION																
Last Name				First				M.I.			Date					
Street Address								Apartment/Unit #								
City				State				ZIP								
Phone				E-mail Address				Social Security No.								
Has any employer, school or reference ever known you by another name?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, indicate names?								
Are you eligible\authorized to work in the United States?							YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you over 18 years old?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Has any employer, school or reference ever known you by another name?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, indicate names?								
Have you ever been convicted of a felony? <small>(conviction will not necessarily exclude you from employment)</small>				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain								
During the past 5 years have you ever been discharged, suspended or asked to resign from any for any reason from any position? <small>(a yes response will not necessarily exclude you from employment)</small>						YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Do you have a valid Driver's License?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Can you drive a manual transmission?		YES <input type="checkbox"/>		NO <input type="checkbox"/>						

EMPLOYMENT REQUESTED										
Position Applied for					Desired Salary					
Date Available			Dates of Any Prior Commitments							
Are you applying for?		Full- Time <input type="checkbox"/>		Part- Time <input type="checkbox"/>		Seasonal <input type="checkbox"/>		If part-time number of hours per week?		
Days and Hours Available		Sun	Mon	Tue	Wed	Thu	Fri	Sat		
	From									
	To									

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
------	----	-------------------	------------------------------	-----------------------------	--------

### REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

### 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"/>

**DISCLAIMER AND SIGNATURE**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment may result in rejection of this application or immediate discharge if I am employed; regardless of time elapsed before discovery.

I consent to a drug screening and any other testing required of the position conducted by a laboratory\clinic selected by the company. I further authorize full release of all test results and medical information to White Horse Auto Wash and its Medical Review Officer. If I do not pass all testing requirements, I will not be hired. If employed I will abide by all terms of the Alcohol and Illegal Drug Policy.

I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create employment contract between the company and undersigned. In addition, I understand and agree that if I am not employed, subject to limitations imposed by any applicable collective bargaining agreement, my employment is for no definite or determinable period and may be terminated at any time or without prior notice, at the option of either the company or myself; and that no promises or representations contrary to the forgoing are binding on the company unless made in writing and signed by the company's president.

Signature		Date	
-----------	--	------	--