



APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Mobile Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? ☐ Yes ☐ No		
Date of Birth	Social Security Number		

POSITION

Position Or Type Of Employment Desired	Will Accept: ☐ Part-Time ☐ Full-Time ☐ Temporary	Shift: ☐ Morning ☐ Evening ☐ Weekend
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			☐ Yes ☐ No		
	From To			☐ Yes ☐ No		
	From To			☐ Yes ☐ No		
	From To			☐ Yes ☐ No		
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
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Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? ☐ Yes ☐ No

CAR WASH SKILLS (Please rate yourself from 0 (Not at all) to 5 (Very much))

	Do you consider yourself skilled with mechanical tools and equipment?
	Do you speak fluent Spanish?
	Do you have experience handling cash or a cash register?
	Do you enjoy interacting with people?
	Do you love cars or the automotive industry?
	Do you enjoy sales?

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
