

PEACHY CLEAN CAR WASH

1301 7th St S Clanton, AL 35045 • info@peachycleancarwash.com



Application for Employment

| APPLICANT INFORMATION | | | |
|--|---------------------|--|------|
| Last name | First | MI | Date |
| Street | | Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City | State | Zip | |
| Phone (Home) | Phone (Cell) | Email | |
| Date Available | Desired Hourly Wage | Do you Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hours of Operation Monday – Saturday: 7:30am – 8pm Sunday: 9am – 6pm | | | |
| Based on the hours we are open, listed above, tell us what days you are available. <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday What is the maximum number of hours you can work? _____ Minimum number of hours you can work? _____ | | | |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? | | | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? | | | |
| Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you younger than 18? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your Date of Birth: ____ / ____ / ____ | | | |

| EDUCATION | | | |
|--|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree |
| If still in high school, are you part of the cooperative education job program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College | | Address | |
| From | To | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree |
| Other | | Address | |
| From | To | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree |

| PLEASE LIST (2) PROFESSIONAL REFERENCES | | | |
|---|--|--------------|--|
| Name | | Name | |
| Company | | Company | |
| Relationship | | Relationship | |
| Phone Number | | Phone Number | |

PREVIOUS EMPLOYMENT

| | | | |
|--|--------------------|--------------------|------------------|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|--------------------|--------------------|------------------|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Additional Notes:

[The following section contains faint, illegible handwriting.]