

**EMPLOYMENT APPLICATION**

**ADAM'S AUTO WASH INC**

General information				
Social S. No. - -	Last Name	Middle Initial	First Name	Apply Date
Street #		City	State	ZIP
Home Phone ( ) -	Emergency contact		Emergency No. ( ) -	
Do you have any relatives working in Adam's Auto Wash? If "Yes" write Name, location, department. Yes / No				
Have you ever been convicted of a felony? If "Yes" explain. Yes / No				
Are you under 21 years old? Yes / No	Your date of birth / /			
Position desired (Please check one)	( ) Permanent	( ) Full-time	Hours desired per week	hours
	( ) Temporary	( ) Part-time	Date you can start	/ /
Have you been previously hired by Adam's Auto Wash? Yes / No		If Yes, Date of employment ~		
Name of supervisor		Location you worked		Your name then
US Military Service	Active Duty	Branch of Service		
	Reserve Duty	Reserve Status		

Education	Name of School	Address	Years	Major	Diploma
High School					
College					
Others					

Employment				
Company / Type of Business		Address		Phone
Duties	Reason for leaving		Name of Supervisor	
Date of employment	~		Start pay rate	End pay rate
Company / Type of Business		Address		Phone
Duties	Reason for leaving		Name of Supervisor	
Date of employment	~		Start pay rate	End pay rate
Company / Type of Business		Address		Phone
Duties	Reason for leaving		Name of Supervisor	
Date of employment	~		Start pay rate	End pay rate
May we contact present employer? Please check Yes / No				

Personal reference (Not formal employer or relative)		
Name	Address	Phone
Name	Address	Phone

<b>Signature</b>	
If employed, I agree to comply with the rules and regulations of the company(Adam's Auto Wash Inc.). I affirm that all statements and answers are true and correct to the best of my knowledge and that I have not knowingly withheld and information that would affect the application unfavorable. I authorize this company to conduct any necessary and reasonable investigation with respect to my application and release this company my formal employers and personal references from any liability from damage caused by giving and receiving information or opinions as to my employment or character. It is understood that any false statement may be considered sufficient cause for rejection or dismissal if employed.	
Print your name	Signature

**PLEASE DO NOT WRITE BELOW / COMPANY PURPOSE ONLY**

New Hire Information - Fill up only after hired				
Employment date	Job Title	( ) Full timer	( ) Weekly pay	
		( ) Part timer	( ) Semi-monthly	
Marital status Single / Married	No. of children	Name of Spouse	Gender	Male / Female
Hourly Rate	Salary per month	Special condition		