



APPLICATION FOR EMPLOYMENT

Academy

Powers

READ FIRST! - This is your first test in following directions. Every box on this application must be filled out. If something does not apply, please write in N/A. This application must be filled out on site.

Date:	Position Applying for:		
Legal First Name:	Legal Last Name:	Middle Initial:	
Address:	City:	State:	Zip:
How long have you lived at this address?			

If less than five years, please provide previous address below:

Address:	City:	State:	Zip:
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Home Phone:	Cell Phone:	Email:
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Do you have reliable transportation? Yes No

Driver's License Number:	State Issued:
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Are you legally eligible for employment in the United States? Yes No

United States Visa Status / If Applicable:
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Since your 16th birthday, have you been arrested or convicted of a crime? Yes No

If Yes, When?

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation:

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Are you willing to submit to a drug test? Yes No

Are you willing to submit to a background check? Yes No

Education & Skills

Tell us about your formal education:

School	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Tech School					
Other					

Special courses, training or experience acquired, including military experience:

List any special skills and experiences that we should consider:

Customer Service	
Other (languages, mechanical, computer, etc.)	

Professional References

Please provide the names of three references who we may contact.

Name	Telephone	Relation to Applicant

Position & Availability Information

Position Type Desired: (check one) Full-time Part-time Fill-in Seasonal

Salary/Wage Requirement: \$ /per hour If hired, when can you start?

Please indicate when you are able to work each day of the week. Enter a start time and end time to indicate availability. This will not necessarily represent your schedule; it just lets us know what hours and days you are available to work.

Day	Start Time	End Time	Notes
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Maximum Weekly Hours Desired:

Minimum Weekly Hours Desired:

Are you able to work weekends?
Are you able to work late night shifts?

Yes No
 Yes No

How Did You Hear About This Job?

Do you have any physical limitations that might prevent you from fulfilling the requirements of this job?

Yes No

, if yes please describe:

Other Qualifications

Why should you be considered for this position?

How would you describe remarkable customer service?

Certification & Authorization

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I also authorize the company to conduct a background check which could include a criminal activities and a credit check.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of the law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant:

Date:

Equal Employment Opportunity Policy: All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, non-job related disability, gender, marital status, United States military service status, citizenship, or any other characteristic protected by applicable federal or state laws.

FOR WILD BLUE CAR WASH USE ONLY

Received Date:

Next Step:

Name:

Date: