



**APPLICATION**

# APPLICATION FOR EMPLOYMENT

## MIRROR IMAGE CAR WASH

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

(PLEASE PRINT)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
NUMBER                      STREET                      CITY                      STATE                      ZIP

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IF UNDER 18, PLEASE LIST AGE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

DAYS/HOURS AVAILABLE TO WORK:

NO PREFERENCE: \_\_\_\_\_ THURSDAY: \_\_\_\_\_

MONDAY: \_\_\_\_\_ FRIDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_ SATURDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_

HOW MANY HOURS CAN YOU WORK WEEKLY? \_\_\_\_\_ FULL-TIME OR PART-TIME

DATE AVAILABLE TO START: \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	MAILING ADDRESS	YEARS COMPLETED	MAJOR OR DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				

HAVE YOU BEEN CONVICTED OF A CRIME? YES OR NO

IF YES, PLEASE EXPLAIN THE OFFENSE(S), CONVICTION(S), SENTENCE(S) IMPOSED, TYPES OF REHABILITATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

NAME: _____	NAME: _____
POSITION: _____	POSITION: _____
COMPANY: _____	COMPANY: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: _____	TELEPHONE: _____

## WORK EXPERIENCE

NAME OF EMPLOYER: _____	LAST SUPERVISOR: _____
ADDRESS: _____	EMPLOYMENT DATES: _____
CITY, STATE, ZIP: _____	LAST JOB TITLE: _____
PHONE NUMBER: _____	START PAY: _____ FINAL PAY: _____
SPECIFIC REASON FOR LEAVING: _____	
_____	
LIST ALL JOBS, DUTIES, SKILLS, PROMOTIONS FROM THE COMPANY: _____	
_____	
_____	

NAME OF EMPLOYER: _____	LAST SUPERVISOR: _____
ADDRESS: _____	EMPLOYMENT DATES: _____
CITY, STATE, ZIP: _____	LAST JOB TITLE: _____
PHONE NUMBER: _____	START PAY: _____ FINAL PAY: _____
SPECIFIC REASON FOR LEAVING: _____	
_____	
LIST ALL JOBS, DUTIES, SKILLS, PROMOTIONS FROM THE COMPANY: _____	
_____	
_____	

MAY WE CONTACT YOUR PRESENT EMPLOYER?    YES    OR    NO

SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

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MIRROR IMAGE CAR WASH IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_