



## Application for Employment

*The Xtreme Auto Spa is an equal opportunity employer. All applications are considered without regard for race, color, religion, creed, national origin, age, disability, marital, veteran or any other legally protected status. We appreciate your interest in our organization. Please write clearly.*

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mobile Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

What position are you applying for?  Car Wash Attendant  Manager  Anything Available

Are you 18 years old or older? .....  Yes  No

Are you legally eligible to work in the United States? .....  Yes  No

Have you ever been convicted of a felony or misdemeanor? .....  Yes  No

Have you ever been placed on probation in respect to a criminal charge? .....  Yes  No

We do not permit our employees to smoke in operating areas. Are you willing to comply? .....  Yes  No

We do not tolerate drug use by employees before or during work. Are you willing to comply? .....  Yes  No

During winter months employees must endure working in very cold weather. Are you willing to comply? .....  Yes  No

Up to 50lbs of lifting several times a day is required for many positions, are you able to comply with this requirement? .....  Yes  No

Being on your feet 6-9 hours at a time is required for all positions. Are you able to comply with this requirement? .....  Yes  No

We do not permit employees to have any visible tattoos. Are you able to comply? .....  Yes  No

We do not permit our employees to have any visible piercing other than ear piercings. Are you able to comply? .....  Yes  No

Are you able to work flexible hours including weekends? .....  Yes  No

Are you willing to work holidays? .....  Yes  No

Do you have or can you purchase non-skid shoes before you begin your training? .....  Yes  No

We have training seminars that may conflict with your current schedule, are you willing to reschedule your plans for our training? ....  Yes  No

How long would you intend to work for this car wash? \_\_\_\_\_

What are your long-term career goals? \_\_\_\_\_

\_\_\_\_\_

Why do you want to work at this car Wash? \_\_\_\_\_

\_\_\_\_\_

What type of time commitment are you looking to make?  Full Time  Part Time

Are there any times or days you cannot work?  Yes  No If yes, please explain: \_\_\_\_\_

By what means do you plan to get to and from work?  My Car  Bus  Other \_\_\_\_\_

What are you expecting to make as an hourly pay rate for your position? \_\_\_\_\_

How many hours per week would you prefer to work? Minimum hours: \_\_\_\_\_ Maximum hours: \_\_\_\_\_

What is the minimum amount of money you need to earn? \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month

If hired, what notice do you need to give your current employer? \_\_\_\_\_

Do you have any special skills or abilities? \_\_\_\_\_

Please indicate your ideal schedule by filling in the chart below. If there are days you can't work place an X through the boxes.

	MON	TUE	WED	THU	FRI	SAT	SUN
START TIME:							
END TIME:							

### Educational Background

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Which High School? \_\_\_\_\_ Grade Avg. \_\_\_\_ City, State \_\_\_\_\_

Which College(s)? \_\_\_\_\_ Grade Avg. \_\_\_\_ City, State \_\_\_\_\_

Do you have any specialized training, schooling, languages or skills? \_\_\_\_\_

### Work Experience *(List your most recent or current work experience first)*

**1.** Name of Company: \_\_\_\_\_ City, State \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Your Pay Rates: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your position & responsibilities: \_\_\_\_\_

Reason for leaving? (Be specific) \_\_\_\_\_

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**2.** Name of Company: \_\_\_\_\_ City, State \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Your Pay Rates: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your position & responsibilities: \_\_\_\_\_

Reason for leaving? (Be specific) \_\_\_\_\_

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**3.** Name of Company: \_\_\_\_\_ City, State \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Your Pay Rates: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your position & responsibilities: \_\_\_\_\_

Reason for leaving? (Be specific) \_\_\_\_\_

I understand that a pre-employment medical examination and or **drug screen** may be required during the probationary period of 90 days. I authorize any investigation of any information provided on this application. I understand that any misrepresentation is cause for voiding this application and or immediate termination of employment if hired. I am legally able to work in the U.S.A.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_ Ap \_\_\_\_\_ Pe \_\_\_\_\_ Employment Assessment Survey Scheduled: \_\_\_\_\_

Employment Assessment Survey Completed .....  Yes  No

Employee to be processed for interviews & employment verification .....  Yes  No