

Champions Car Wash & Lube
APPLICATION FOR EMPLOYMENT

Position Desired _____

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination or to make an investigation of my medical history to the extent permitted by law.

I authorize the Company to investigate my driving record, my criminal record, status of licenses, medical records, workers' compensation records, and my credit history, and hereby relieve and release all former employers and their agents, and licensing authorities and their agents, of any liability for any information they may give to the Company. I hereby waive any and all rights and claims I may have against the Company, its agents or employees, arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Company's handling, processing, or investigation of my application with the Company. I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand and voluntarily agree that if hired, I will complete all educational courses and take all tests necessary to keep all of my licenses, including drivers' license, current and valid, required by the Company or local, state or federal law or regulation. I further agree to advise the Company if at any time my licenses become invalid or expire. I understand that failure to take such tests when required or requested or to keep my licenses, including drivers' license, current and valid or to advise the Company that my licenses have expired or become invalid may result in my immediate dismissal.

I understand and agree that in the performance of my duties as an employee of this Company, or after I leave this Company, that I must hold in confidence any documentation and all information that I come in contact with regarding my employer or its business.

I certify that all of the information I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last First Middle

Current Address _____ How long have you lived there? _____
Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Months

Telephone No. (HOME) _____ (CELL) _____ Are you 16 years of age or older? [] Yes [] No

Have you ever worked for this Company before? [] Yes [] No If Yes, please give dates and position(s): _____

Do you have any friends or relatives working here? [] Yes [] No If Yes, Name: _____ Relationship: _____

How would you get to and from work? _____

Have you ever pled "guilty" or "no contest" to a crime or ever been convicted of a crime? [] Yes [] No

If Yes, please provide date(s) and details of each circumstance: _____

NOTE: Answering "Yes" to the above question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are currently seeking will be considered.

EMPLOYMENT HISTORY

Please list the names of your current and previous employers in chronological order, listing your current or most recent employer *first*. Please be sure to account for *all* periods of time including military service and any period(s) of unemployment. If at any time you were self-employed, please provide business references.

<u>Current or Last Employer</u>	<u>Employed From</u> (mo/yr)	<u>Starting Pay</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
<u>Street Address</u>				
<u>City, State, Zip Code</u>	<u>To (mo/yr)</u>	<u>Final Pay</u> \$	<u>Name and Title</u> <u>of Last Supervisor</u>	
<u>Telephone No.</u>				

<u>Current or Last Employer</u>	<u>Employed From</u> (mo/yr)	<u>Starting Pay</u> \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
<u>Street Address</u>				
<u>City, State, Zip Code</u>	<u>To (mo/yr)</u>	<u>Final Pay</u> \$	<u>Name and Title</u> <u>of Last Supervisor</u>	
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<u>Street Address</u>				
<u>City, State, Zip Code</u>	<u>To (mo/yr)</u>	<u>Final Pay</u> \$	<u>Name and Title</u> <u>of Last Supervisor</u>	
<u>Telephone No.</u>				

Have you ever been terminated or asked to resign from any job(s)? [] Yes [] No If Yes, please explain the circumstances: _____

Please fully explain any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have had in any of the following positions:

<u>OFFICE</u>	<u>SERVICE AND REPAIR</u>	<u>PARTS</u>	<u>DETAIL WORK</u>
<input type="checkbox"/> Controller	<input type="checkbox"/> Service Manager	<input type="checkbox"/> Parts Manager	<input type="checkbox"/> Carpet/Upholstery Shampooing
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Service Advisor	<input type="checkbox"/> Parts Counter	<input type="checkbox"/> Leather Treatment
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Parts Re-stock	<input type="checkbox"/> Waxing
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Porter	<input type="checkbox"/> Parts Driver	<input type="checkbox"/> Engine Detailing
<input type="checkbox"/> Payroll	<input type="checkbox"/> Mechanic/Technician	<u>OTHER</u>	<input type="checkbox"/> Compound Buffing
<input type="checkbox"/> Filing	<input type="checkbox"/> Helper	<input type="checkbox"/> _____	<input type="checkbox"/> High-Speed Buffing
<input type="checkbox"/> Data Entry		<input type="checkbox"/> _____	<input type="checkbox"/> Wet-Sanding
<input type="checkbox"/> Cashier		<input type="checkbox"/> _____	<input type="checkbox"/> Tint / Pinstripe Removal
			<input type="checkbox"/> Chrome / Gold Packages
			<input type="checkbox"/> Flood Damage

AVAILABILITY

Are you seeking Part Time or Full Time employment?

In the space below, please provide your work availability:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

EDUCATION

	Years Completed (Circle)	Diploma/Degree	Courses of Study/ Major	Describe Specialized Training, Experience, Skills, Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

EMERGENCY INFORMATION

In case of an emergency, whom should we contact?

Name _____ Relationship _____

Home Address _____ Telephone No. _____
Street and Number City State Zip

Work Address _____ Telephone No. _____
Street and Number City State Zip

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives

Name	Occupation	Address (Street, City, State, Zip)	Telephone No.	Number of Years Known

DRIVING INFORMATION

Do you know how to drive a car with a manual transmission? [] Yes [] No

Do you have a current driver's license? [] Yes [] No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No

If Yes, please explain circumstances:

Do you have personal automobile insurance? [] Yes [] No Name of insurance provider: _____

Have you ever been received a citation for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If Yes, please explain circumstances and outcome:

Please list all moving traffic violations in the last five (5) years:

Offense Date Location Offense Date Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

_____ Date

_____ Signature of Applicant