# **All Star Power Wash Employment Application**

## **PERSONAL**

Last Name, First, Middle Date

     

Street Address Home Telephone

      (     )

City, State, Zip Business Telephone

      (     )

Have you ever applied for employment with us? Social Security #

Yes  No If yes, month and year:

Position Desired Pay Expected

     

Apart from absence for religious observance, are you available for full-time work? Will you work overtime if asked?

Yes No If not, what hours can you work?  Yes  No

Are you legally eligible for employment in the United States? When will you be available to begin work?

     

Other special training or skills (machine operation, driver’s license, etc.) Are you over 18 years of age?

      Yes  No

If you belong to a union, state which one.

### EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name and Location of School** | **Course of Study** | **No. of Years Completed** | **Did you graduate?** | **Degree or Diploma** |
| College/ Business/ Trade / Technical |  |  |  | Yes  No |  |
| High School |  |  |  | Yes  No |  |
| Elementary |  |  |  | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| Military | Did you serve in the U.S. Armed Forces?  Yes  No | If “Yes”, in what Branch? |
| Describe any training received relevant to the position for which you are applying. | | |
|  | | |
|  | | |

### EMPLOYMENT

\*Start with your present or most recent employer.

|  |  |
| --- | --- |
| 1. Company Name | Telephone |
| Address | Employed (month and year)       Weekly pay  From:       To:       Start:       Last: |
| Name of Supervisor | Reason for Leaving |
| State Job Title and Describe Your Work |  |

|  |  |
| --- | --- |
| 2. Company Name | Telephone |
| Address | Employed (month and year)       Weekly Pay  From:       To:       Start:       Last: |
| Name of Supervisor | Reason for Leaving |
| State Job Title and Describe Your Work |  |

|  |  |
| --- | --- |
| 3. Company Name | Telephone |
| Address | Employed (month and year) Weekly Pay  From:       To:       Start:       Last: |
| Name of Supervisor | Reason for Leaving |
| State Job Title and Describe Your Work |  |

|  |  |
| --- | --- |
| 4. Company Name | Telephone |
| Address | Employed (month and year) Weekly Pay  From:       To:       Start:       Last: |
| Name of Supervisor | Reason for Leaving |
| State Job Title and Describe Your Work |  |

|  |  |  |
| --- | --- | --- |
| We may contact the employers listed above unless you indicate those you do not want us to contact. | Do Not Contact | |
| Company Name(s): | Reason: |
|  |  |

State names of relatives and friends working for us.

May we ask these people about you? Yes  No

**REFERENCES**

|  |  |  |
| --- | --- | --- |
| **PERSON** | **BUSINESS** | **PHONE** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**signature**

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

     

Date Signature

***FOR EMPLOYER’S USE ONLY***

**INTERVIEW RESULTS/REFERENCE CHECK**

|  |
| --- |
| **Interviewer Name and Comments** |
|  |
|  |
|  |