



Application for Employment

Last Name	First Name	Social Security No.
Address	City	Zip Code
Home Phone:		Cell or Alt. Number:
Email address:		
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently in school? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you worked for Southland Auto Wash before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have a VALID Michigan Driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Driver License #:		Expiration Date:
Do you have reliable transportation to get to work on time? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been discharged, fired, or asked to resign from a job? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain:		

Availability

If hired, is there anything that would prevent you from reporting to work each day? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, please explain:						
Please list availability for each day (Our hours are 7am-8pm Monday-Saturday and 9am-5pm Sunday)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment History: Please give the 2 most recent employers. Please do not indicate "see resume".

Name of Company		Address				
From (Mo/Yr)	To (Mo/Yr)	Job Title	Starting Pay	Ending Pay	Employment Status	
			\$	\$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Job duties:						
Supervisor's Name:			Phone ()		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for leaving:						
Name of Company		Address				
From (Mo/Yr)	To (Mo/Yr)	Job Title	Starting Pay	Ending Pay	Employment Status	
			\$	\$	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Job duties:						
Supervisor's Name:			Phone ()		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Reason for leaving:

Education

	Circle Highest Grade	Last School Attended	Degree/Major	Graduated?
High School	1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
College	1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification				

1. On a scale of 1 to 10, with 10 being the highest, how important is punctuality? Why? _____

2. What qualities make you a good worker? _____

3. Why did you apply at Southland Auto Wash? _____

4. Tell us about your last manager. _____

5. How should you treat a customer? _____

6. How do you handle taking directions from a co-worker? _____

7. Are you able to perform the essential functions of this job? _____

8. Why is it important to follow the company's policies, even if they seem petty? _____

9. How do you define excellent customer service? _____

10. Do you have any additional skills or experience that would relate to this position? _____

Applicant Authorization

I AUTHORIZE YOU AND ALL FORMER EMPLOYERS, GIVEN BY ME AS REFERENCES, TO ANSWER ALL QUESTIONS AND TO GIVE ALL INFORMATION IN CONNECTION WITH THIS APPLICATION OR IN ANY WAY CONCERNING ME. I AGREE, IF EMPLOYED BY YOU, THAT IF I EVER MAKE CLAIMS AGAINST YOU FOR PERSONAL INJURIES, UPON YOUR REQUEST I SHALL SUBMIT TO EXAMINATIONS BY PHYSICIANS OF YOUR SELECTION. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH THE COMPANY IS ENTERED INTO VOLUNTARILY AND THAT I MAY RESIGN AT ANY TIME. SIMILARLY, MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED FOR ANY REASON AND AT ANY TIME WITH OR WITHOUT PREVIOUS NOTICE. I STATE THAT THE INFORMATION PROVIDED TO YOU ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IT SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL IF ANY OF THE INFORMATION CONTAINED HEREIN IS FOUND TO BE UNTRUE. I WILL HOLD YOU HARMLESS FROM ANY CLAIMS INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY OR ILLNESS AS A RESULT OF PROVIDING FALSE OR MISLEADING INFORMATION ON THIS APPLICATION.

Applicant's Signature _____

Applicant's Name (Printed) _____

Date: _____

For Office Use Only

Notes: