

APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLIED FOR:		DATE OF APPLICATION:	
NAME, FIRST:	NAME, MIDDLE:	NAME, LAST:	
ADDRESS: STREET:		CITY:	STATE: ZIP:
TELEPHONE: ()		SOCIAL SECURITY NUMBER:	
ARE YOU 16 YEARS OR OLDER? _____ YES _____ NO		WHAT SHIFTS CAN YOU WORK?	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US? _____ YES _____ NO <small>(PROOF OF US CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</small>			
HAVE YOU PREVIOUSLY WORKED FOR ANY CARWASH LOCATION? _____ YES _____ NO IF YES, WHERE _____ FROM _____ TO _____			
HAVE YOU EVER GONE BY ANY OTHER NAME? IF SO, PLEASE INDICATE ALL OTHER NAMES:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO <small>(CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)</small>			
IF YES, PLEASE EXPLAIN:			
EDUCATION BACKGROUND			
	NAME AND LOCATION	YEARS COMPLETED	COURSE OF STUDY
HIGH SCHOOL			
TECHNICAL SCHOOL			
COLLEGE			
OTHER EDUCATION, TRAINING OR SKILLS:			

EMPLOYMENT HISTORY: LIST YOUR LAST THREE (3) EMPLOYERS, STARTING WITH THE MOST RECENT INCLUDING MILITARY SERVICE.			
FROM:	TO:	EMPLOYER:	
ADDRESS:			TELEPHONE NUMBER:
JOB DUTIES:			
MACHINERY OPERATED:			
REASON FOR LEAVING:			

EMPLOYMENT HISTORY: LIST YOUR LAST THREE (3) EMPLOYERS, STARTING WITH THE MOST RECENT INCLUDING MILITARY SERVICE.			
FROM:	TO:	EMPLOYER:	
ADDRESS:			TELEPHONE NUMBER:
JOB DUTIES:			
MACHINERY OPERATED:			
REASON FOR LEAVING:			

EMPLOYMENT HISTORY: LIST YOUR LAST THREE (3) EMPLOYERS, STARTING WITH THE MOST RECENT INCLUDING MILITARY SERVICE.			
FROM:	TO:	EMPLOYER:	
ADDRESS:			TELEPHONE NUMBER:
JOB DUTIES:			
MACHINERY OPERATED:			
REASON FOR LEAVING:			

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if I falsify this application or misrepresent or leave out information, I may be refused employment; or, if employed, I will be subject to discharge.

I authorize investigation of all statements contained in this application. I also grant permission to contact all former employers listed above and authorize them to release all information concerning my previous employment. I release all parties from liability for any damage that may result from furnishing this information to you.

I understand that, as part of my employment, I may be required to take physical and other examination.

I understand that if employed, just as I may terminate my employment at any time without notice or cause, AquaWave may terminate or modify my employment relationship with it at any time without notice or cause or any reason whatsoever. I further understand that no one at AquaWave, except the President, has the authority to make or enter into contracts of employment or to make any promises or guarantees of continued employment.

I also understand that in order to remain active, this application must be renewed every 30 days.

SIGNATURE OF APPLICANT

DATE