



Buckmans CAR WASH

Employment Application

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		Cell Phone				
Date Available		E-mail Address		Desired Salary		
Position Applied for		Are you under 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes , what is your birth date?		
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?		
Do you have a valid NYS driver's license ?		YES <input type="checkbox"/> NO <input type="checkbox"/>				
Hours and days that you are available to work:						
<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
EDUCATION						
High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Emergency Contact:			Phone: ()			
REFERENCES						
<i>Please list three professional references.</i>						
Full Name			Work Relationship			
Company			Phone ()			
Address						
Full Name			Work Relationship			
Company			Phone ()			
Address						
Full Name			Work Relationship			
Company			Phone ()			
Address						

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Do you know anyone who works/ worked at Buckmans Car Wash?**Who referred you to Buckmans Car Wash?****DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------