



# Meyers Auto Wash

## Employment Application

Please print in ink, answering all questions

APPLICANT INFORMATION										
Last Name			First		M.I.	Date				
Street Address					Apartment/Unit #					
City			State		ZIP					
Phone			E-mail Address							
Date Available		Social Security No.			Desired Salary					
Position Applied for										
Availability: Part Time <input type="checkbox"/>		Number of Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full Time <input type="checkbox"/>		Each Week: From								
		To								
Are you 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, how old are you? _____										
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?						
What prompted you to apply at Meyers Auto Wash? Newspaper <input type="checkbox"/> Sign <input type="checkbox"/> Friend/Relative <input type="checkbox"/> School placement office <input type="checkbox"/> Meyers Web Site <input type="checkbox"/>										
Current Meyers associate <input type="checkbox"/> (Name _____)										
Do you have reliable transportation to work? YES <input type="checkbox"/> NO <input type="checkbox"/>				Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>				If yes, explain						

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

REFERENCES		
Please list three professional references.		
Full Name	Relationship	Phone ( )
Address		
Full Name	Relationship	Phone ( )
Address		
Full Name	Relationship	Phone ( )
Address		

**PREVIOUS EMPLOYMENT/VOLUNTEER WORK**

Company				Phone ( )	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
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		Starting Salary \$		Ending Salary \$	
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		Starting Salary \$		Ending Salary \$	
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					

**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		
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