|  | **Hector’s Car Wash & Detail, Inc.****848 W. Army Trail Road,****Carol Stream, IL 60188****630-234-6421****www.HectorsCarWash.com** |
| --- | --- |

# Employment Application

## Applicant Information

| Full Name: |  |  |  | Date: |  |
| --- | --- | --- | --- | --- | --- |
|  | Last | First | M.I. |  |  |

| Address: |  |  |
| --- | --- | --- |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | City | State | ZIP Code |

| Phone: |  | Email |  |
| --- | --- | --- | --- |

| Date Available: |  | Social Security No.: |  | Desired Salary: | **$** |
| --- | --- | --- | --- | --- | --- |

| Position Applied for: |  |
| --- | --- |

| Are you a citizen of the United States? | YES☐ | NO☐ | If not, are you authorized to work in the U.S.? | YES☐ | NO☐ |
| --- | --- | --- | --- | --- | --- |

| Have you ever worked for this company? | YES☐ | NO☐ | If yes, when? |  |
| --- | --- | --- | --- | --- |

| Have you ever been convicted of a felony? | YES☐ | NO☐ |  |
| --- | --- | --- | --- |

| If yes, explain: |  |
| --- | --- |

## Education

| High School: |  | Address: |  |
| --- | --- | --- | --- |

| From: |  | To: |  | Did you graduate? | YES☐ | NO☐ | Diploma: |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

| College: |  | Address: |  |
| --- | --- | --- | --- |

| From: |  | To: |  | Did you graduate? | YES☐ | NO☐ | Degree: |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

| Other: |  | Address: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- | --- |

| From: |  | To: |  | Did you graduate? | YES☐ | NO☐ | Degree: |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

## References

*Please list three professional references.*

| Full Name: |  | Relationship: |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| 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☐ | NO☐ |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

| 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☐ | NO☐ |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

| 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☐ | NO\_ |  |
| --- | --- | --- | --- |

## 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: |  |
| --- | --- | --- | --- |

Please list 2 emergency contacts:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please bring a copy of your driver’s license, vehicle insurance card & SS card for company files.