

## EMPLOYMENT APPLICATION

## GENERAL INFORMATION

Full Name:			FIRST			Date	2:		
Address:	LAST		FIRST		MIDDLE				
	STREET ADDRESS							APT / UNIT #	
	CITY		HOME			STATE		ZIP CODE	
Phone #:			MOBILE						
Position:			Date Availa	able:		Desired Salar	y: \$	HR/YR	
Job Type:	🗌 Full Time	🗌 Part Time	e 🗌 Seasoi	nal (Circle One):	: Summer / Wir	nter 🗌 Oth	ner:		
Availability:		MON	TUES	WED	THURS	FRI	SAT	SUN	
(Hourly)	FROM				1 12	12	25		
	TO		VEC N	10					
Are you at least 18 years of age? $\square$ If No, you may be required to provide a work permit upon hire.									
Can you wor	k on weekends?	,		YES         NO         YES         NO           Image: Can you work on evening?         Image: Can you work on evening?         Image: Can you work on evening?         Image: Can you work on evening?					
High School:				EDUCATION Addres	د.			_	
YES NO									
Have you graduated?  Degree:    College:  Address:									
Have you gr	Y		gree:						
Other:									
Have you graduated?									
Do you have	e any other exp	erience, trainir	ng, qualificatio	ons or skills whi	ich you feel sh	ould be broug	ht to our atte	ention?	
Skills: Do you have experience with the following? (Check all that apply) Sales Customer Service Cash Register Machine Operation Working Outdoors Retail									
Sales									
				REFERENCES	List tv	vo personal refe	rences not rel	ated to you.	
Full Name:					Rela	ationship:			
Address:					Pho	one:			
Full Name:					Reli	ationship:			
Address:					Dho			Ð	
							2		

PREVIOUS E	MIPLO TIMEINT	<u> </u>
Company:	Phone:	
Address:	Supervisor:	_
From: To:		
JobTitle:	Responsibilities:	
Reason for Leaving:	May we contact this employer?	) ]
		_
Company:	Phone:	
Company:		_
Company:	Supervisor:	
Company:		

## DISCLAIMER

- 1. I certify that I have read and fully completed all three (3) pages of this application and that the information contained in this application is correct to the best of my knowledge. I understand that any omission or erroneous information is grounds for dismissal in accordance with LBG's policy.
- 2. I authorize the reference(s) listed in this application to provide any and all information concerningmy previous employment as well as pertinent information they may have, personal or otherwise. I release all parties from all liabilities for any damages that may result from furnishing the aforementioned information.

LBG Express Car Wash is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of sex, gender, race or color, national origin, ancestry, sexual orientation, pregnancy, citizenship status, age, religion, disability or medical condition, marital status or military status. It is LBG Car Wash's policy to fully comply with these laws, as applicable. The information requested in this application will not be used for any purpose(s) prohibited by the law.

## SIGNATURE

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<ul> <li>The job as a crewmember of LBG Car Wash, involves work that is:</li> <li>Demanding in all types of weather conditions – heat and cold.</li> <li>Flexible in hours depending upon work availability and weather.</li> <li>Challenging in providing excellent customer service to everyone.</li> </ul>							
<ul> <li>As a crew member of LBG Car Wash, what is expected of you:</li> <li>A personal appearance and image that is neat, clean, and meets uniform standards.</li> <li>A pleasant manner (smiling, politeness) in providing service to our customers.</li> <li>A willingness to meet the demands and flexibility required of the job.</li> </ul>							
I understand that if I am hired, my employment will be at will. I further understand that I may terminate my employment at any time and LBG Car Wash also has the right to terminate my employment.							
I certify that all information I have provided in this application is true and correct to the best of my knowledge. I understand that should I be hired and the information provided is found to be false or misleading, I will be immediately discharged/terminated.							
APPLICANT SIGNATURE: DATE:							
FOR OFFICE USE ONLY: (Applicant, Do not complete this section)							
Recommended for Interview Now     Recommended for Interview Later     ONOT Recommended     DATE:							
the information provided is found to be false or misleading, I will be immediately discharged/terminated.          APPLICANT SIGNATURE:							