



APPLICATION FOR EMPLOYMENT

Position Applied For:	Date:	
First Name	Middle	Last Name
Address:		Phone Number:
City, State, Zip:		Email Address:

Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Month / Day of Birth:
Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to provide documents required by law to prove that you are authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony within the last 7 years which has not been annulled, expunged or sealed by the court? (A "yes" answer will not automatically disqualify you) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
Are there any felony charges pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
Have you ever filed an application here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date: _____	
Have you ever been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates: _____	
Are any of your relatives present or past employees of this company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been terminated by an employer for other than lack of work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
On what date would you be available to begin work? _____ Please specify the hours you are able to work: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____	

Complete and return to any of our offices, or email to zippyautowash@gmail.com

EDUCATION

	Name	City / State	Degree / Diploma	Credit Hours	Major
High School					
College					
Grad School					

EMPLOYMENT HISTORY

Dates of Employment	Employer's Name, Address & Phone Number	Supervisor Name & Title	Position(s)	Wage	Reason for Leaving

May we contact all of the employers listed above? Yes No If not, indicate which employer(s) you do not wish the Company to contact: _____

REFERENCES

Give the names of at least three persons not related to you whom you have known at least one year.

Name	Address & Phone Number	Employer & Title	Years Acquainted

ACKNOWLEDGEMENT

I certify that the information above and/or other information I furnish you is true and complete to the best of my knowledge. I understand that the Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, but that it is not required to do so. I authorize all individuals, schools and employers named and all financial institutions, law enforcement agencies and other persons, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge.

I understand and acknowledge that, if employed, my employment and compensation will be at the will of the Company and can be terminated, with or without cause, and with or without notice, at any time at my option or the option of the Company. I further understand and agree that no person at the Company other than the Owner has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Owner of the Company.

This application will only be considered for the ninety calendar day period after its receipt by the Company. Should you wish to be considered after the expiration of this period, you must reapply.

The Company is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight, and marital status. Under the Michigan Persons With Disabilities Civil Rights Act and the federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodations would impose and undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have that an accommodation was needed.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

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