

ROCKET EXPRESS CAR WASH LLC EMPLOYMENT APPLICATION

*Please print all information
Except required signature lines*

APPLICANTS MAY BE TESTED FOR USE OF ILLEGAL DRUGS

Please Complete All Pages 1-4

Personal Information:

Date: _____

Name _____
Last First M.I.

Current Address _____
Number Street City State Zip Code

How long at current address: _____ SSN# _____ - _____ - _____

Telephone # _____ - _____ - _____ Email: _____

Date of Birth ____/____/____ If under 18, list age _____

Driver's License # _____ Means of transportation _____

Have you had any driving accidents in last 3 years? Yes _____ No _____

Have you had any moving violations in last 3 years? Yes _____ No _____

If unable to drive please explain: _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If yes please explain _____

Are you willing to accept a background check? Yes _____ No _____

Position Applied For: _____ Hours available per week _____

How did you hear about this position? _____

Wage/Salary desired? _____ When can you begin? _____

Days/Hours Available to work:

No Preference _____ Thurs _____

Mon _____ Fri _____

Tues _____ Sat _____

Wed _____ Sun _____

Employment Desired Full Time _____ Part Time _____ Full or Part Time _____

Have you ever been in the Armed Forces? Yes _____ No _____

What Branch? _____

Are you currently a member of the National Guard? Yes _____ No _____

Specialty _____ Date Entered ___/___/___ Release Date ___/___/___

Education:

Type of School	Name of School	# of Years Complete	Major or Degree

Typing Yes ___ No ___ WPM _____

10 Key Yes ___ No ___

Word Yes ___ No ___

Excel Yes ___ No ___

PC Yes ___ No ___ Other Skills _____

Please list any other vocational training and explain (welding, mechanical, plumbing, elec.)

CUSTOMER SERVICE/SALES: (in your own words)

Sales Experience/training: _____

Service Experience: _____

Other related experiences: _____

Previous Employment:

1)

Name of Employer	Address	City	State

Phone #	Supervisor Name

Pay Rate: Starting _____ Ending _____
Employment Dates: Starting _____ Ending _____
Reason For Leaving (be specific) _____

2)

Name of Employer	Address	City	State

Phone #	Supervisor Name

Pay Rate: Starting _____ Ending _____
Employment Dates: Starting _____ Ending _____
Reason For Leaving (be specific) _____

3)

Name of Employer	Address	City	State

Phone #	Supervisor Name

Pay Rate: Starting _____ Ending _____
Employment Dates: Starting _____ Ending _____
Reason For Leaving (be specific) _____
