

Application for Employment Spartan Pro Wash, Inc.

Tel: 252-902-4458 Email: info@spartanprowash.com

Equal access to programs, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: _____ Birth Date: ____/____/____ Date of
Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency

Craigs List Walk-In Private Employment Agency Other _____

Name of source (if applicable) _____

Full Name _____
FIRST MIDDLE LAST

Address _____ SS# _____
STREET CITY STATE ZIP CODE

Telephone # (_____) Mobile/Other phone # (_____)

E-mail address _____ Relative Tel. # (_____)

If necessary, best time to call you at home is _____ am _____ pm

May we contact you at work?YES.....NO.....(CIRCLE ONE)

If yes, work number and best time to call .(_____) Best time to call _____

Have you submitted an application here before?YES.....NO.....(CIRCLE ONE)

If yes, give date(s) and position(s) _____ / _____ / _____

Have you ever been employed here before?YES.....NO.....(CIRCLE ONE)

If yes, give dates.....From _____ / _____ / _____ To _____ / _____ / _____

Are you legally eligible for employment in this country?.....YES.....NO.....(CIRCLE ONE)

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired? Full-time Part-time Temporary

Will you travel if job requires it?.....YES.....NO.....(CIRCLE ONE)

Are you able to meet the attendance requirements of the position?YES.....NO.....(CIRCLE ONE)

Will you work overtime if required?YES.....NO.....(CIRCLE ONE)

If no, please explain _____

Have you ever been bonded?YES.....NO.....(CIRCLE ONE)

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....YES.....NO.....(CIRCLE ONE)

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Employer _____ Telephone # _____
Address _____
Starting job title/final job title _____
Immediate supervisor and title _____
Reason for leaving _____
May we contact for references? Yes _____ No _____ Later _____
Dates employed: from ____ / ____ / ____ to ____ / ____ / ____
Starting Hourly rate/salary: \$ _____ per _____
Final hourly rate/salary \$ _____ per _____
Summarize the type of work performed and job responsibilities _____

Employer _____ Telephone # _____
Address _____
Starting job title/final job title _____
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Dates employed: from ____ / ____ / ____ to ____ / ____ / ____
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Starting job title/final job title _____
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May we contact for references? Yes _____ No _____ Later _____
Dates employed: from ____ / ____ / ____ to ____ / ____ / ____
Starting Hourly rate/salary: \$ _____ per _____
Final hourly rate/salary \$ _____ per _____
Summarize the type of work performed and job responsibilities _____

Comments including explanation of any gaps in employment_____

Skills and Qualifications

Summarize any special training skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying_____

Application Statement

I certify that all the information I have given in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment in a basis prohibited by applicable, local state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate any employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I

understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all the terms of the foregoing applicant statement.

Signature of Applicant _____ Date: ___/___/_____