

Coastal Carolina Car Wash, LLC

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	
DATE OF BIRTH:			
HOW DID YOU HEAR ABOUT US?			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

<p>HAVE YOU BEEN CONVICTED OF A FELONY? YES _____ NO _____</p> <p>IF SO, PLEASE EXPLAIN:</p> <p> </p> <p> </p> <p> </p> <p> </p> <p> </p>

IN CASE OF EMERGENCY : _____

DATE: _____ **SIGNATURE:** _____

FORMER EMPLOYERS (BEGIN WITH MOST RECENT POSITION)

DATES OF EMPLOYMENT From ___/___/___ To ___/___/___		POSITION HELD	
COMPANY NAME			
ADDRESS		CITY	STATE ZIP
PHONE:	SUPERVISOR:		TITLE:
RESPONSIBILITIES			
STARTING SALARY & TITLE		ENDING SALARY & TITLE	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? ___YES ___NO			

DATES OF EMPLOYMENT From ___/___/___ To ___/___/___		POSITION HELD	
COMPANY NAME			
ADDRESS		CITY	STATE ZIP
PHONE:	SUPERVISOR:		TITLE:
RESPONSIBILITIES			
STARTING SALARY & TITLE		ENDING SALARY & TITLE	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? ___YES ___NO			

DATES OF EMPLOYMENT From ___/___/___ To ___/___/___		POSITION HELD	
COMPANY NAME			
ADDRESS		CITY	STATE ZIP
PHONE:	SUPERVISOR:		TITLE:
RESPONSIBILITIES			
STARTING SALARY & TITLE		ENDING SALARY & TITLE	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? ___YES ___NO			

REFERENCES (GIVE BELOW 3 PERSONS NOT RELATED TO YOU, WHOME YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE	RELATIONSHIP	YEARS KNOWN