

# TRAVEL CLEAN CARWASH

12400 BLUE VALLEY PARKWAY  
OVERLAND PARK, KANSAS  
66213 913-469-9274

890 N.E. Mulberry  
Lee's Summit, Missouri  
64086 816-347-1253

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYED QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)			DATE	
			SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO. (CELL NUMBER)	PHONE NO. (HOME)		REFERRED BY	
(     )	(     )			

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			

### FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS. STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/ SKILLS

**REFERENCES** GIVE BELOW THE NAMES THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>YEARS KNOWN</b>

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws”

Date \_\_\_\_\_ Signature \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_