



EMPLOYMENT APPLICATION PACKET

Extreme Express Car Wash

BUSINESS (408)320-2003

655 W. SAN CARLOS ST.

SAN JOSE, CA 95126

info@extremeexpresscarwash.com

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions

Date: _____

I. Personal Information

Name: Last First Middle

Present Address City Zip Code

Telephone Cell Phone

Date of Birth

Driver's License No.

Expires

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please Specify: _____

2. Do you have any relatives who are presently (or have formerly been) employed at Midtown Car Wash or Extreme Express Car Wash?

3. How were you referred to Extreme Express Car Wash?

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Certificates of Achievement _____		

III. Employment Record - Please include all employment from the last five years.

1. _____
 Company Name (Current or Most Recent Employer) Position Held

Address Dates Employed: From To

Manager/Supervisor Telephone

Reason for Leaving

2. _____
 Company Name Position Held

Address Dates Employed: From To

Manager/Supervisor Telephone

Reason for Leaving

3. _____
 Company Name Position Held

Address Dates Employed: From To

Manager/Supervisor Telephone

Reason for Leaving

IV. References - Please do not include relatives

1. _____
 Name Years Known

Address Telephone

2. _____
 Name Years Known

Address Telephone

3. _____
 Name Years Known

Address Telephone

EMERGENCY INFORMATION

Please complete the following information, this will remain confidential. Thank you.

Emergency Contact:

Name: Last First Middle

Telephone Cell Phone/ Relationship

Physician Name/Phone No.

Dentist Name/Phone No.

*In the event of an emergency and no physician is indicated, local emergency facilities will be utilized