

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, handicap, marital or veteran status, sexual orientation, or any other legally protected status.



{PLEASE PRINT}

PERSONAL INFORMATION

Date _____ Position(s) Applied For _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell Phone Number _____ Social Security Number _____ / _____ / _____

EMPLOYABILITY

If you are under the age of 18, can you provide the required proof of your eligibility to work? YES NO N/A

Have you ever applied for /or been employed by us before? YES NO N/A
If yes, please give date: _____

Are you currently employed? YES NO N/A

May we contact your present employer? YES NO N/A

Are you prevented from lawfully becoming employed in the country? YES NO N/A
(Proof of citizenship or immigration status will be required upon employment.)

Are you currently on "lay-off" status and subjected to recall? YES NO N/A

Have you been convicted of a felony in the last 7 years? YES NO N/A
(Conviction will not necessarily disqualify an applicant from employment.)
If yes, please explain: _____

AVAILABILITY

On what date will you be available to begin work? _____

Are you available to work: FULL TIME PART TIME TEMPORARILY?

Can you travel if required? YES NO

EMPLOYMENT HISTORY - Please give accurate, complete full-time employment record. Start with your most recent employer. We may contact the employer(s) listed unless you indicate those that you do not wish to be contacted.

1.

Company Name

Telephone #

Address

From _____ To _____

Name of Supervisor

Beg. Salary End. Salary

Job Title & Description

Reason for Leaving

2.

Company Name

Telephone #

Address

From _____ To _____

Name of Supervisor

Beg. Salary End. Salary

Job Title & Description

Reason for Leaving

3.

Company Name

Telephone #

Address

From _____ To _____

Name of Supervisor

Beg. Salary End. Salary

Job Title & Description

Reason for Leaving

MILITARY

Did you serve in the U.S. Armed Forces? YES NO

If yes, what branch? _____

Describe any training received relevant to the position for which you are applying. _____

HOW DID YOU HEAR ABOUT US?

ADVERTISEMENT FRIEND RELATIVE EMPLOYMENT AGENCY WALK-IN

OTHER: _____

EDUCATION

Graduate

Name & Location: _____

Did you graduate? YES NO / DEGREE DIPLOMA

When? _____ Major / Cause of Study: _____

College

Name & Location: _____

Did you graduate? YES NO / DEGREE DIPLOMA

When? _____ Major / Cause of Study: _____

Business / Trade / Technical

Name & Location: _____

Did you graduate? YES NO / DEGREE DIPLOMA

When? _____ Major / Cause of Study: _____

High School

Name & Location: _____

Did you graduate? YES NO / DEGREE DIPLOMA

When? _____ Major / Cause of Study: _____

Middle / Elementary

Name & Location: _____

Did you graduate? YES NO / DEGREE DIPLOMA

When? _____ Major / Cause of Study: _____

PERSONAL REFERENCES - Please provide address, phone number for each reference.

1.

_____		_____	
Name		Telephone #	

Street Address	City	State	Zip Code

2.

_____		_____	
Name		Telephone #	

Street Address	City	State	Zip Code

3.

_____		_____	
Name		Telephone #	

Street Address	City	State	Zip Code

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an Investigative Consumer reporting agency to report on my credit and personal history, I authorize you to do so. If report is obtained you must provide, at my request, the name of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Signature: _____

Date: _____

**Derby Pressure Wash
DPW Sales & Service
901 Ulrich Ave.
Louisville, KY 40219**

Applicant Information Release

Consumer reports may be obtained as part of my employment application. The reports may include my driving record, an assessment of my insurability under the company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time-to-time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Name (printed) _____

City State Zip

PLEASE COMPLETE

Date of Birth: _____

Sate of License: _____

License # _____

Proof of Insurance Provided: YES NO

Signed (applicant): _____ Date: _____

FOR INSURANCE PURPOSES ONLY

This employee **IS** eligible to operate a company vehicle

This employee **IS NOT** eligible to operate a company vehicle

Signed: _____ Date: _____