

## Application for Employment

**Carolina Pride Carwash, Inc. of Timberlake, NC and affiliated locations**

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on a basis of any classification protected by Federal or State non-discrimination laws, including sex, age, race, color, religion, creed, national origin, disability, service in the Armed Forces of the United States, veteran status, and/or union affiliation.

This application consists of four (4) pages. It is important that you **complete all four pages of this form fully** and accurately. Please ask for assistance if you do not understand any section.

Position Applied for:	Date of Application:
Do you possess a current, non-restricted, valid Commercial Driver's License (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If you have a current CDL</b> do you have the HAZMAT endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Last Name	First Name	Middle Name or Initial	
Address	City	State	Zip Code
Home Telephone	Date of Birth ____--____--____		
Cell Phone			
Email Address:			

If you are under 18 years of age, you must obtain a youth employment certificate from the county social services office.

Have you ever applied for employment with us before? No  Yes  If yes, when? \_\_\_\_\_

Have you been employed with us in the past? No  Yes

If yes, when? \_\_\_\_\_ Supervisor then: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Do members of your family work here? No  Yes  If yes, who? \_\_\_\_\_

Are you legally eligible to work in the United States of America? No  Yes

Pursuant to the Immigration Reform and Control Act of 1986 you will be required to provide documentary evidence of your ability to work legally in the United States of America before beginning your employment.

Have you ever been convicted of, pled guilty or no-contest to, or otherwise been adjudicated or found responsible for a crime, other than a minor traffic violation? No  Yes

If "Yes," please describe fully the criminal conviction(s), listing the nature of the offense, the date of the offense, and your rehabilitation since the convictions(s). (A conviction record may not necessarily be a bar to employment.)

\_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary or hourly rate range? \_\_\_\_\_

Are you available to work: Full time  Part time  if only part time, please indicate time(s) available:

\_\_\_\_\_

Are you available to work: Overtime  Weekend Hours?

Are you currently on "lay off status," and subject to recall? No  Yes

## EDUCATION

School	Name/Address of School	Course of Study	Years Completed	Year Graduated?	Diploma, Degree, Certificate
High School					
College					
Grad School – Profession					
Vocational/Tech					

## OTHER TRAINING

Describe below any specialized licenses, certificates, training, apprenticeships and skills.


## MILITARY EXPERIENCE

(If Applicable)

Branch of Service	Dates of Service		Military Education:
	From Mo./Yr.	To Mo./Yr.	
Highest Rank Achieved			Awards:
Rank at Discharge			
At the least, did you receive a general discharge?			
List all Military Occupation Specialty Qualifications:			

## CURRENT EMPLOYMENT

List below your work experience, **beginning with your present or most current employment.** Please exclude organizations, which may indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:	Dates Employed		Work Performed
	From Mo./Yr.	To Mo./Yr.	
Address:			
Phone Number:			
Starting/Present Job Title:			
Supervisor:	Starting	Pay now	
Reason for Leaving:	\$	\$	
	Per:	Per:	

May we contact your present employer?

**PAST EMPLOYMENT**

Employer:	Dates Employed		Work Performed
	From Mo./Yr.	To Mo./Yr.	
Address:			
Phone Number:			
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:			
	Hourly Rate or Salary		
	Starting \$ per:	Final \$ per:	

Employer:	Dates Employed		Work Performed
	From Mo./Yr.	To Mo./Yr.	
Address:			
Phone Number:			
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:			
	Hourly Rate or Salary		
	Starting \$ per:	Final \$ per:	

Employer:	Dates Employed		Work Performed
	From Mo./Yr.	To Mo./Yr.	
Address:			
Phone Number:			
Starting/Present Job Title:			
Supervisor:			
Reason for Leaving:			
	Hourly Rate or Salary		
	Starting \$ per:	Final \$ per:	

**Explain any gaps in employment**


**Additional Information**

Summarize special job-related skills and qualifications acquired from employment or other experience.


**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors*

Name	Phone Number(s)	Occupation
1.		
2.		
3.		

**APPLICANT'S STATEMENT**

*Please read the following statement carefully, and in full.*

*Ask for assistance if you do not understand anything in the statements below.*

1. I understand that if employed by Carolina Pride Carwash, Inc. of Roxboro, NC, or any affiliated Company, I will be an employee-at-will, which means I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. I also understand neither this application nor any communication by a management representative is intended to create, nor does create a contract of employment. No statement, whether written or oral, by any Company representative, other than a written statement signed by the President of the Company, may vary the forgoing.
2. I hereby authorize the Company to contact any or all of my previous employers and references and authorize them to provide all information requested of them by the Company. I hereby release the Company, my former employers and others providing information, from all liability whatsoever resulting from the providing of such information. I understand any offer of employment is conditioned upon receipt of satisfactory references.
3. I understand and agree that after a tentative offer of employment has been made, I will submit, at no personal expense, to a job-related medical examination by a physician selected by the Company. I hereby authorize the examining physician to disclose the findings of the examination to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory completion of the job-related medical examination.
4. I understand and agree that as a condition of employment I will abide by the Company's substance abuse policy. The substance abuse policy requires a pre-employment drug and alcohol test and may also require drug and alcohol screening during the first 90 days of employment and with reasonable cause thereafter. If my position in the Company requires I maintain a CDL (Commercial Driver's License), I understand that according to the rules of the FMCSR, Section 382.305 I will be subject to random drug and alcohol testing by the Company.
5. If hired I agree to conform to the rules, regulations and policies of the Company and understand such rules, regulations and policies may be modified at any time the Company determines it necessary.
6. I have provided truthful and complete responses to all inquiries in the application. I understand that the discovery of any misrepresentation, falsification or omission in my responses in this application constitutes grounds for disciplinary action, up to and including immediate dismissal.

**I certify I have read, understand and agree in full with the foregoing Applicant's Statement.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Interviewer notes:

Interviewed by: _____ Date: _____
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## DISCLOSURE AND RELEASE FORM

In connection with my application for employment with you, I understand that background checks which may contain public record information may be requested through Background Investigation Bureau, 18125 W. Catawba Ave., Cornelius, NC 28031, 704-439-3900. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, job performance, work experience, etc. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, school records, etc., from federal, state, other agencies and former employers which maintain such records.

I authorize, without reservation, any party or agency contacted by credential check to furnish the above-mentioned information.

I have the right to make a request from Background Investigation Bureau, upon proper identification the nature and substance of all information in its files on me at the time of the request.

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Print Name

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Applicant's Birth Date

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Applicant's Driver's License Number

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Applicant's Signature

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Date