



**MIDLAND CAR WASH & DETAILING**  
**724.379.7010**  
**4672 RT 51 South**  
**Belle Vernon, Pa 15012**

## APPLICATION FOR EMPLOYMENT

**Applicant (print) Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer; and
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

## APPLICANT TO COMPLETE

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

Street City State & Zip Code How Long? \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email address** \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Have you worked for this company before?  yes  no

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

**IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST?** YES \_\_\_ NO \_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?

YES \_\_\_ NO \_\_\_

If no, describe the functions that cannot be performed:

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested an skill/agility and may be subject to a medical examination conducted by a medical professional.)

### EMPLOYMENT HISTORY

EMPLOYER	DATE
NAME	
ADDRESS	
CITY	
CONTACT PERSON	

EMPLOYER	DATE
NAME	
ADDRESS	
CITY	
CONTACT PERSON	

**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

Do you have a valid driver's license? \_\_\_yes\_\_\_no

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

### EXPERIENCE AND QUALITIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTING OR OTHER THANK SHOWN ELSEWHERE IN THIS APPLICATION:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### HOURS AVAILABLE TO WORK:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY