

**The Wave
CAR WASH
APPLICATION FOR EMPLOYMENT
(All Sections Must Be Completed)**

| |
|--|
| Office use only |
| Obtained only after employment granted |
| SIN _____ |
| DOB _____ |

PERSONAL INFORMATION

Last Name Given Name(s)

Mailing Address Postal Code

Home Phone Cellular Phone Email address

Are you legally eligible to work in Canada? YES NO

Are you bondable? YES NO

Are you legally permitted to work alone after 11pm? YES NO If no, on what date will you be eligible? _____

AVAILABILITY

| | MON. | TUES. | WED. | THURS. | FRI. | SAT. | SUN. | Date availability is valid |
|-------|------|-------|------|--------|------|------|------|----------------------------|
| FROM: | | | | | | | | |
| TO: | | | | | | | | |

Date Available: _____ Hours per week requested: _____ Desired location: _____



EDUCATION

HIGH SCHOOL ATTENDED HIGHEST GRADE OR LEVEL COMPLETED GRADE POINT AVERAGE

POST SECONDARY - UNIVERSITY OR COLLEGE

| INSTITUTION | MAJOR | DEGREE/DIPLOMA | START | LEFT |
|-------------|-------|----------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT HISTORY

If your responsibilities changed a lot with the same employer, list each change as a separate position. If there is not enough space on this application, attach extra pages as needed.

PRESENT OR LAST EMPLOYER AND ADDRESS TYPE OF BUSINESS

POSITION WAGE PERIOD OF EMPLOYMENT
STARTING: ENDING: FROM: TO:

NAME AND TITLE OF IMMEDIATE SUPERVISOR TELEPHONE NUMBER

MAY BE APPROACHED FOR REFERENCE?
YES NO

REASON FOR LEAVING

DESCRIBE DUTIES AND RESPONSIBILITIES

PREVIOUS EMPLOYER AND ADDRESS

TYPE OF BUSINESS

POSITION

WAGE

PERIOD OF EMPLOYMENT

STARTING:

ENDING:

FROM:

TO:

NAME AND TITLE OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

REASON FOR LEAVING

DESCRIBE DUTIES AND RESPONSIBILITIES

PREVIOUS EMPLOYER AND ADDRESS

TYPE OF BUSINESS

POSITION

WAGE

PERIOD OF EMPLOYMENT

STARTING:

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FROM:

TO:

NAME AND TITLE OF IMMEDIATE SUPERVISOR

TELEPHONE NUMBER

REASON FOR LEAVING

DESCRIBE DUTIES AND RESPONSIBILITIES

Describe any of your work related skills, training or experience not mentioned above, which are related to the position applied for:

Do you have any allergic reactions to chemicals or cleaning products which cannot be controlled with medication, and if so what?

How were you referred to this job?

DECLARATION

I hereby certify that the statements given by me are true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

SIGNATURE

DATE