



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

You can fill out this pdf, print it, and take it to any of our wash facilities
or mail to to the following address:

Quality Truck Washes, Inc.
100 W. Industrial Road
Fulton, MO 65251

Date: _____

Last Name:		First Name:		Middle Name:	
Address					
City:		State:		Zip:	
Social Security Number		Telephone Number:		Cell Phone Number:	
Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you provide required information on your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you hear about this job?		Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year:	
Do you know or are you related to anyone currently working for this company?					
Do you have any physical or health conditions which would limit your performance?					
Are you available for any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:					
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of hours desired (or needed) weekly?			
Name and phone number of emergency contact: _____					

Record of Employment:

Current or Last Employer:			Contact:		
Address:			Telephone:		
City:	State:	Zip:	Position:		
Date Started:		Date Left:	Reason for Leaving:		
Description of Duties:			What did you like most about this job?		

Current or Last Employer:			Contact:		
Address:			Telephone:		
City:	State:	Zip:	Position:		
Date Started:		Date Left:	Reason for Leaving:		
Description of Duties:			What did you like most about this job?		

Current or Last Employer:			Contact:		
Address:			Telephone:		
City:	State:	Zip:	Position:		
Date Started:		Date Left:	Reason for Leaving:		
Description of Duties:			What did you like most about this job?		

Please explain any gaps in your work history:

Education/Training

High School

Number of Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No
High School:	City/State:

College and/or Vocational School

Number of Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree
School:	City/State:

Certification and Authorization

By submitting this application, I certify that the information on this application is true and complete to the best of my knowledge, I understand and agree that any misrepresentation or mission on this application may result in either rejection of my application or, if hired, dismissal whenever it is discovered. I authorize Quality Truck Washes, Inc. DBA XVIII Wheelers Truck Washes to investigate directly or indirectly, all statements contained on this application.

I certify that I have read, understand and will adhere to the foregoing statements.

Signature _____ Date _____