

# WASH ASSOCIATE CAREER APPLICATION FORM



**PLEASE ANSWER ALL QUESTIONS**

Name		
Address		
Zip		
Phone	Home	
	Cell	
Date Available		

Full-Time       Part-Time

Days Available (*Check all that apply*):

Monday       Tuesday       Wednesday       Thursday

Friday       Saturday       Sunday

Hours Available (*please specify*)

Mornings:		Afternoons:		Evenings:	
Overnight:		Weekend:		Emergency:	

Reasons why you would make a good candidate for this position (*use more space if required*)



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## Work Experience *(most recent employer first):*

**1.**

Employer:			
Phone:			
Address:			
Contact Person:			
Description of role:			
Dates worked: From:		To:	

**2.**

Employer:			
Phone:			
Address:			
Contact Person:			
Description of role:			
Dates worked: From:		To:	

**3.**

Employer:			
Phone:			
Address:			
Contact Person:			
Description of role:			
Dates worked: From:		To:	

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## References:

Can we contact your employers for a reference? YES  NO

Personal references (please provide name and contact information):

1.

Name:		Phone:	
Address:			
Relationship to Applicant:			

2.

Name:		Phone:	
Address:			
Relationship to Applicant:			

3.

Name:		Phone:	
Address:			
Relationship to Applicant:			

## Other Interests:

Hobbies/Pastimes/Interests:

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Memberships in organizations/volunteer work:

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## Other Information:

A Criminal Record Check is a condition of employment and can be obtained from your local police service. If

offered the job, are you willing to obtain one?      YES          NO   

Would you submit to random drug testing for safety reasons?      YES          NO   

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentation are discovered my application may be rejected and if I am employed my employment may be terminated at any time.

If employed, I will be placed on a probationary period of 180 days, during such time my employment will be considered "At Will" in accordance with Montana State Labor Law. In consideration of my employment, I agree to conform to all Mint Smartwash policies, procedures, and rules, as outlined in the Mint Smartwash Handbooks Volumes 1-5. In addition to all applicable State and Federal laws and regulations.

I acknowledge that Mint Smartwash is a Drug and Alcohol-Free work environment and if found to be in violation of the Mint Smartwash Drug and Alcohol policy, my position will be terminated effect of immediately.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_