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844-256-2601

# APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Each Question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room to list all the requested information. We require you to list at least the last three employers, or where you have worked for the last three years, whichever is the longest. PLEASE PRINT, except for the signature on the back of this application. All information given will be held in confidence.

NOTE: This application is current and valid for thirty (30) days only. After that, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application IN PERSON. Attach additional sheets of paper if necessary to complete this application.

## PERSONAL INFORMATION

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

NAME

PHONE # \_\_\_\_\_

LAST

FIRST

MI

HAVE YOU EVER BEEN EMPLOYED

IF YES, WHAT OTHER NAMES HAVE YOU USED?

OR WORKED UNDER ANY OTHER NAMES? Yes  No

PRESENT ADDRESS

STREET

CITY

STATE

ZIP CODE

MAILING ADDRESS

(IF DIFFERENT THAN ABOVE)

STREET

CITY

STATE

ZIP CODE

ARE YOU 18 YEARS OR OLDER? Yes  No

STREET

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? Yes  No

NOTE: TO THE EXTENT GOVERNED BY FEDERAL LAW, WE WILL REQUIRE PROOF OF EMPLOYMENT ELIGIBILITY

HOW DID YOU FIND OUT ABOUT THIS JOB?

ARE THERE ANY DAYS OR HOURS YOU CAN'T WORK DUE TO OTHER NEEDS?

EVER APPLIED WITH US BEFORE? Yes  No

ARE YOU ABLE TO WORK OVERTIME? Yes  No

UNDER EACH DAY IN THE BOXES BELOW LIST THE HOURS YOU WILL BE AVAILABLE TO WORK DURING THE REGULAR WEEK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED YES/NO	YEAR	SUBJECTS STUDIED
HIGH SCHOOL					
COLLEGE					
OTHER					
TRAINING					

## QUALIFICATIONS/CERTIFICATIONS

AREAS OF SPECIAL STUDY, TRAINING OR QUALIFICATIONS

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR		NAME AND LOCATION OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

IF YOU ARE CURRENTLY EMPLOYED MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes  No

**REFERENCES** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

**NOTICE TO APPLICANTS:**

IF YOU NEED ANY ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CONTACT THE MANAGEMENT. IF YOU NEED A REASONABLE ACCOMMODATION IN ORDER TO INTERVIEW FOR A JOB PLEASE INFORM OUR STAFF IN ORDER THAT WE MAKE APPROPRIATE ARRANGEMENTS TO ASSIST YOU. AN ANSWER OF "YES" TO A QUESTION ABOUT A PRIOR FELONY OR MISDEMEANOR DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. WE NEED TO KNOW THE SPECIFICS TO MEET OUR INSURANCE AND BONDING REQUIREMENTS.

**SIGNATURE**

APPLICANT'S SIGNATURE

DATE