PRIDE Truck Wash LLC

2940-B Scottsville Road Franklin, KY 42134 (270)586-0116 3750 E. 181st Ave. Hebron, IN 46341 (219)696-4550 1651 Everett Road Knoxville, TN 37932 (865)539-0035 1116 Cedar Grove Road Shepherdsville, KY 40165 (502)543-1911

EMPLOYMENT APPLICATION

Name:						
(First)	(Mido		ddle)	(Last)		
Address:						
(Street)		(City)		(State)	(Zip Code)	
Iome Number: ()			Age:		(If under 18)	
Cell Number: ()_						
AVAILABLE TO WORK:		DITE	WED	MILLED	EDI	CATE
SUN	MON	TUES	WED	THUR	FRI	SAT
FROM (TIME)						
TO (TIME)						
Are you legally eligible to If hired, how long would y						
How far do you live from I	PRIDE Truck V	Wash?				
Do you have reliable transp						
Have you ever been convic	ted of violating	g any laws oth	er than minor t	raffic offenses	?	
A criminal conviction will desc	•		1 .	help us evalua quent rehabilita	, , ,	cation, pleas
If yes, please explain:						
Can you perform the job th	at you are app	lying for witho	out accommoda	ations?		
we you ever performed this type of work before?				If yes, where and for how long?		
Do you know anyone that v	works or has w	orked for PRII	DE Truck Was	h?		
If yes, give names and loca						
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Employment History:			
Company Name and Add	dress:		
From:(Month/Year)	_ To:(Month/	Year) Phone Number: ()
Position Title:		Supervisors Nam	e:
Reason for Leaving:			
Company Name and Add	dress:		
From: (Month/Year)	_ To:(Month/Y	Phone Number: (_)
Position Title:		Supervisors Nam	e:
Reason for Leaving:			
Personal References: Name:		Phone Number: (_)
Name:)
employment. I authorize	all persons, scho	rm a background check on me in ols, companies, corporations, crerning my background."	edit bureaus, and law enforcement
APPLICANT'S STATE	<u>MENT</u>		
have given are true, accu from or on this application am hired will be cause for	rate, and complet on or during any i or immediate disn	te. I understand that the omissior interview will result in immediat nissal. I understand that I may be	nereby certify that all of the answers I and/or misrepresentation of any fact e rejection of my application; or if I e subject to drug/alcohol testing per ash to contact all of my employment
Applicant's Printed Nam	ne:		
Applicant's Signature:			
		Date:	