

PROFESSIONAL/BUSINESS REFERENCES WHO MAY BE CONTACTED BY LITE TOUCH			
NAME	ADDRESS	PHONE NUMBER	OCCUPATION

ARE YOU WILLING TO RELOCATE? YES NO GEOGRAPHICAL PREFERENCE _____ ARE YOU WILLING TO TRAVEL? EXTENSIVE LIMITED NOT AT ALL

WHAT LED YOU TO APPLY FOR A POSITION WITH THIS COMPANY? _____ NEWSPAPER AD WALK IN REFERRAL

REFERRAL SOURCE _____ OTHER

**TO BE COMPLETED BY OFFICE AND CLERICAL APPLICANTS ONLY
SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS.**

Typing Speed _____ (words per minute) Shorthand Speed _____ (words per minute) Word Processing _____ (programs used)

Office machines you operate _____

I hereby apply for employment with Lite Touch and state that:

- I certify the above information is true to the best of my knowledge, information and belief. I understand that false or misleading information provided by me is grounds for rejection of my application and, if discovered subsequent to my employment, will result in my immediate discharge. I understand also that I am required to abide by all rules and regulations of the employer.
- Subject to the exceptions noted above, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand and agree that all information furnished in this application may be verified by Lite Touch. I hereby authorize all individuals and organizations named or referred to in this application to give Lite Touch all information relative to such verification and hereby release such individuals, organizations and Lite Touch from any and all liability for any claims of damage resulting there from.
- I understand that, if I am employed by Lite Touch and as a condition of my continued employment by Lite Touch, I will furnish proof of age and authorization to work within the U.S. I will be required to execute certain agreements with Lite Touch (including employee agreements regarding inventions and information and conflicts of interest).
- I understand that employment by Lite Touch is contingent upon my submitting to a post-offer medical examination prior to employment, and being able to satisfy the job qualifications, with or without reasonable accommodation. I further agree to submit to a job related medical examination if there is evidence of a job performance or safety problem, or if such examination is necessary to determine fitness to perform a particular job, with or without reasonable accommodation, or as otherwise required by business necessity. Such examinations may include, but not be limited to, blood test, urinalysis, breathalyzer, drug screening test or other procedures and I hereby give my consent to such tests or examinations. Examinations will be performed by doctors designated by Lite Touch and at Lite Touch's expense. I hereby authorize such doctors to furnish the results of such examinations to Lite Touch. Any information obtained from any medical examination conducted during my employment is considered confidential and will be maintained in accordance with all applicable legal requirements regarding the confidentiality of medical records.
- I hereby understand and acknowledge that this employment application is not an employment contract. In the event I am hired, I understand that the employment relationship will be "at-will" and that the Employer and I are mutually responsible for the employment relationship.
- I also understand that any damages to customer vehicles or company property due to employee negligence will result in deduction from wages in the amount of the claim.
- I hereby authorize Lite Touch to deduct from my pay at the time of termination any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to Lite Touch during the course of my employment.
- I agree that these arrangements may only be altered in writing directed to me personally.

Signature _____ Date _____

ALL APPLICANTS FOR EMPLOYMENT WILL BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, PHYSICAL OR MENTAL DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAW.



TEAM MEMBER APPLICATION

You are very important to us as a potential Lite Touch Team Member. In order to give you adequate consideration, it is important for you to complete your Team Member Application accurately. Please complete all blocks and answer all questions on each page of this application, and read and sign the back page. This application will be kept in the Lite Touch active files for a period of six (6) months. If the applicant is not hired during that period, the applicant must complete and execute a new application to be considered for employment.

(An application must be completed at the location you are available to work)

AN EQUAL OPPORTUNITY EMPLOYER

NAME (PLEASE PRINT)

LAST

FIRST

MIDDLE

DATE

APPLICATION FOR EMPLOYMENT

PERSONAL AND GENERAL HISTORY

DATE _____

Last Name	First Name	Middle Name	Phone No.
Address	City	State	Zip Code
Active Drivers Licenses		Expiration Date	
Are you under 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Birthdate	
Are you legally able to work in the United Sttes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you ever been convicted of a felony? _____ Date _____ Place _____
 Nature: _____ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you ever worked for Lite Touch Car Wash before? Yes No
 If yes, give dates _____

Have you been known by other name(s) which Lite Touch will require to verify your education and employment as furnished in this application? Yes No
 If yes, give name(s) and identify related school, employer _____

Position applied for _____
 Date available for employment _____ Base salary or wage rate requested _____

UNITED STATES MILITARY SERVICE

ENTRY DATE	DISCHARGE DATE	BRANCH	NUMBER OF PEOPLE UNDER YOUR COMMAND	LAST RANK	MAJOR DUTIES
SPECIALIZED TRAINING					

EDUCATION

Type of School	Name of School	Location City and State	Circle Last Year Completed	Major Subject	Graduated? Degrees?
High School			9 10 11 12		Yes <input type="checkbox"/> No <input type="checkbox"/>
College			1 2 3 4 5 6		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree _____
Graduate			1 2 3 4		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree _____
Business, Trade or Apprentice					Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Subjects Covered	

List scholarships, fellowships, honors, etc., received _____

PRESENT AND PRIOR EMPLOYMENT

Give details of your last four employers and, if applicable, list other previous positions. List present or last position first and account for all lapses of time.

EMPLOYED	Employer	Supervisor's Name	YOUR SALARY	
From Mo. Yr.	Address	Your Job Title	START	END
To Mo. Yr.	Telephone			
Type of Business		Duties:		

Reason for Leaving
(Be Specific: Quit, Layoff, Discharge, etc.)

EMPLOYED	Employer	Supervisor's Name	YOUR SALARY	
From Mo. Yr.	Address	Your Job Title	START	END
To Mo. Yr.	Telephone			
Type of Business		Duties:		

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EMPLOYED	Employer	Supervisor's Name	YOUR SALARY	
From Mo. Yr.	Address	Your Job Title	START	END
To Mo. Yr.	Telephone			
Type of Business		Duties:		

Reason for Leaving
(Be Specific: Quit, Layoff, Discharge, etc.)

OTHER PREVIOUS POSITIONS

From Mo.	Yr.	To Mo.	Yr.	Name of Company	Present Address of Employer City & State	Position Held	Last Base Rate of Pay	Reason For Leaving

May your present employer be contacted? Yes No

Other qualifications you feel are relevant _____