

Posh Wash Dog Wash

5940 W. Union Hills Drive, Suite A-100 Glendale, AZ 85308 (602) 843.0061 www.poshwashdogwash.com

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION						
FULL NAME: First	Middle	Last	OATE:			
ADDRESS:			Apt/Suite			
0.000			•			
City E-MAIL:	State	PHONE	Zip Code			
SOCIAL SECURITY NUMBE	R (SSN):~	~				
DESIRED PAY\$ [POSITION APPLIED FOR:						
EMPLOYMENT DESIRED: [☐ FULL-TIME ☐ PAR	T-TIME SEASONAL	DATE AVAILABLE:			
	EMPLC	DYMENT ELIGIBI	LITY			
ARE YOU LEGALLY ELIGIBI	E TO WORK IN	THE U.S? YES	NO*			
HAVE YOU EVER WORKED FOR THIS EMPLOYER? \square YES* \square NO						
*IF YES, WRITE THE START AND END DATES:						
HAVE YOU EVER BEEN CO	NVICTED OF A FI	ELONY? 🗆 yes* 🗀	NO			
*IF YES, PLEASE EXPLAIN: _						
		EDUCATION				
HIGH SCHOOL:		_ CITY / STATE:				
FROM:	TO:					
GRADUATE? ☐ YES ☐ NO ☐	OIPLOMA:					
COLLEGE:	CITY	/ / STATE:				



FROM:	TO:				
GRADUATE? ☐ YES ☐ NO DI	EGREE:				
OTHER:	CITY / STATE:				
FROM:	TO:				
DEGREE/CERTIFICATION: _		-			
OTHER:	CITY / STATE:				
FROM:	TO:				
DEGREE/CERTIFICATION: _		-			
	PREVIOUS EMP	LOYMENT			
EMPLOYER 1:					
Company / Indivi	idual				
E-MAIL:		PHONE:			
ADDRESS:Street Address		Apt/Suite			
City	State	Zip Code			
STARTING PAY: \$	☐ HOUR ☐ SALARY ☐ COMIS	ssion %			
ENDING PAY: \$ □	HOUR \square SALARY \square SALARY \square	COMISSION %			
JOB TITLE:	_ RESPONSIBILITIES:				
FROM:	TO:				
REASON FOR LEAVING:					
EMPLOYER 2:					
Company / Indiv	dual				
E-MAIL:		PHONE:			
ADDRESS:Street Address		Apt/Suite			
City	State	Zip Code			
STARTING PAY: \$	□ HOUR □ SALARY ENDING	G PAY: \$ □ HOUR □ SALARY			
JOB TITLE:	_ RESPONSIBILITIES:				
FROM:	TO:				
REASON FOR LEAVING:					



FMAII ·	7 / Individual PHONE:				
L~IVIAIL.		_ 111ONE			
ADDRESS:Street Address		Δν	ot/Suite		
Sirce Address		Ą			
City	State	Zip Code			
STARTING PAY: \$	🗆 hour 🗆 salary ENDII	NG PAY: \$	🗆 hour 🗆 salary		
JOB TITLE:	RESPONSIBILITIES: _				
FROM:	TO:		_		
REASON FOR LEAVING:					
	REFERE (PROFESSION				
	(I ICT ESSICI	THE CITETY			
FULL NAME:	Last	RELATIONS	HIP:		
First	Last				
COMPANY:		TTTLE:			
E-MAIL:		_ PHONE:			
First Last		RELATIONSHIP:			
E-MAIL:		_ PHONE:			
FULL NAME:		RELATIONS	нір:		
FULL NAME:	Last	RELATIONSHIP:			
COMPANY:		TITLE:			
E-MAIL:		PHONE:			
		_ 1110111			

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? \square YES \square NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE	DATE
PRINT NAME	