

# Absolute Power Clean

## Application for Employment

**757-224-1808**

**Part Time**

Position You Are Applying For \_\_\_\_\_  
 Date Available To Work \_\_\_\_\_

Desired Salary \_\_\_\_\_

**PERSONAL INFORMATION (Please Print)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Do you currently own & operate your own vehicle? ( ) Yes ( ) No  
 Have you ever been convicted of a felony? ( ) Yes ( ) No  
 If selected for employment are you willing to submit to a pre-employment drug screening test? ( ) Yes ( ) No

Do you have a valid Va. Drivers License? ( ) Yes ( ) No  
 License Number: \_\_\_\_\_  
 Is this vehicle insured? ( ) Yes ( ) No  
 If (Yes) please explain reason on back. See Back ( )

**EDUCATION**

School Name	Location	Years Attended	Major

Other Training , Certification or Licenses held: \_\_\_\_\_

**CURRENT EMPLOYMENT**

Employer		Date Employed	
Work Phone		Pay rate	\$ (to) \$
Address			
City	State	Zip	
Position			
Duties Performed			
Supervisors Name & Title			
Reason for Leaving			
May We Contact Them?	Yes ( ) No ( )		

**PREVIOUS EMPLOYMENT REFERENCES**

Company	Phone	Supervisor	Date Range

**ACKNOWLEDGEMENT & AUTHORIZATION**

I certify that all answers given herein are true and complete to the best of my knowledge.  
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date  
 ( Please complete this application & mail to: **APC, 99 Fairmont Dr., Hampton Va. 23666** )