

Tagg N Go Express Car Wash Job Application



Applicant Information:

Name:

Email:

Phone Number:

Address:

Location Preference:

Are you 16 years of age or older? YES NO

Do you have any friends or relatives working for TTG Management, LCC (Tagg N Go)? YES NO

If yes, list names:

How did you hear about this position?

Are you currently attending school? YES NO

If yes, list where:

Are you able to perform the essential functions of the job which you are applying for? YES NO

If no please describe the functions that cannot be performed:

Education:

Highschool:
Years:

Did you graduate?: YES NO

College:
Years:

Did you graduate?: YES NO

Other:
Years:

Did you graduate?: YES NO

References:

(Name and phone number of business/work references who are not related to you.
If not applicable, list three personal references that are not related to you.)

Full Name:
Number:

Company:
Relationship:

Full Name:
Number:

Company:
Relationship:

Full Name:
Number:

Company:
Relationship:

Prior Employment:

Company:
Job Title:
Phone:
Dates of
employment:

Company:
Job Title:
Phone:
Dates of
employment:

Company:
Job Title:
Phone:
Dates of
employment:

Availability:

Effective Date: _____

All availability changes must be submitted to your supervisor two weeks prior to the effective date.

In the table below, indicate the days and times you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

Disclaimers and initial:

If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire and a valid social security number for reporting the wages that you earn. Can you provide verification for your legal right to work in the United States and a valid social security number?

YES NO

(INITIAL)

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

(INITIAL)

I understand that I must complete and submit the Employee Verification Form (I-9) by providing documentation to establish identity and employment eligibility within three business days of the date employment begins. I further understand that I must provide a valid social security number for the purpose of reporting the wages I earn to the state and federal governments.

(INITIAL)

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records without giving me prior notice of such disclosure. I hereby waive and release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demand, or liability arising out of or in any way related to such investigations or disclosure.

(INITIAL)

Sign, print & date

Applicant Signature: _____

Applicant Name (Printed): _____

Today's Date: _____

