



Showboat Car Wash LLLP,

An equal opportunity Drug Free Workplace

We appreciate your interest in Showboat Car Wash. While you may attach a resume, you are also asked to complete the application in its entirety so that we can fully evaluate your qualifications. We are an equal opportunity/affirmative action employer. Showboat Car Wash adheres to the principle that all persons shall have equal opportunity for employment without regard to race, creed, age, sex, national origin, sexual or affection preference, or non-disqualifying disability. Your application will remain on file for one year.

Please answer the following three questions HONESTLY!

- 1) Do you have valid drivers License?
- 2) Are you over the age of 18?
- 3) Can you pass a drug test?

If you answered no to any of these questions please do not go any further with this application as we will not be able to offer you a position with us.

APPLICATION FOR EMPLOYMENT

Personal Information

Last Name	First Name	Middle Initial	Suffix Jr. Sr.	
Social Security #		Date Of Birth		
Street Address		City	State	Zip

Home Phone				Cell Phone			
If you do not have a current Phone, Do you agree to have one within the next thirty days?						Yes	No
Position Applied for:							
Management		Cashier		Detailer		Tunnel	
Are You Looking for :							
Full Time		Part-Time		Temporary		Summer	

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	Till	From	Till	From	Till	From	Till	From	Till	From	Till	From	Till

SALARY EXPECTED

Date you are available to begin Working _____/_____/_____

Have you ever applied to Showboat Car Wash in the last six month's?

Have you ever worked for Showboat Car Wash or any of its affiliates?

YES___**NO**___

How were you referred to showboat Car Wash?

Are you a U.S. Citizen? YES___**NO**___

If not do you have a Visa which permits you to work?

If you have a visa, what is the classification?

Visa registration number#_____ **Experation Date**_____

Have you ever pled "GUILTY" or "NO CONTEST" to, or been convicted of a crime? YES NO

If YES, please provide dates and details.

(Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offence, seriousness and nature of violation rehab and position applied for will be taken into account.)

Do you possess a valid Drivers License? YES _____ NO _____

State	License Number

Are you able to drive a manual transmission? Yes _____ No _____

Have you ever been denied a license or permit to operate a motor vehicle; or has your license been suspended? Yes no _____

if yes, please explain _____

List any and all traffic violations within the past 3 years.

date	type	location	penalty

EMPLOYMENT HISTORY

Name	Address	Phone	salary		Supervisor	Dates of employment	Reason for leaving	May we contact?	
			Start	End				Yes	No

Record of Education	Name	Dates attended	Degree
High School			
College			
Other			

In case of emergency, who should we contact?

Name _____

Address _____

Phone Number () -- **Cell** () -- _____

Relationship: _____

I understand as a requirement of my employment I must wear an approved company uniform consisting of the following: company shirt, sweat shirt or jacket, company shorts or pants, white socks and white sneakers and whatever the company may in the future elect to have its employees wear from time to time. I

agree that this is the dress code while I work and agree to purchase all required clothing before my seventh day of work or agree to have the cost of clothing deducted from my first four paychecks as a voluntary deduction. I further agree that should I arrive to work not properly dressed, I will be given additional clothing when available, for which I will be charged.

I agree to voluntary deductions for uniforms as required.

Applicant _____ Date ____ / ____ / ____

I understand that I am responsible for knowing the Company's policies and operating procedures. I realize that I will be working around some very expensive vehicles and will abide by Company's policies while in the Company's employment, If during my employment I am found to be responsible for damage due to my negligence which is not covered by insurance, I hereby authorize the Company to deduct that damage amount from my earnings.

Applicant Signature: _____ Date. ____ / ____ / ____

I understand that nothing in this application or in the granting of an interview is intended to create an employment contract between Showboat Car Wash, its subsidiaries and affiliates, and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated with or without notice at the option of showboat car wash.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief I understand that any

misrepresentation or evasion of facts in my application may justify refusal to hire or termination of employment.

I furthermore understand that an investigation report maybe made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to Showboat Car Wash or it's duly authorized representatives for its use in deciding weather or not to offer me employment and specifically waive any required written notification.

I hereby release employers, schools, persons and liability in connection with my employment. I agree to random drug testing and understand that for safety purposes, no drug use will be tolerated. By signing this form, I certify that I understand all of the questions and statements in this application.

Applicant _____ Date _____

As an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Showboat Car wash does not discriminate against applicants or employees because of their age, race, religion, national origin, sex, or any other basis prohibited by law. Furthermore, Show Boat Car wash will not discriminate against any applicant or employee because he/she is mentally or physically handicapped, a disabled veteran, a veteran from the Vietnam era, or has a non job related medical condition, provided he or she is qualified and meets the requirements established by Showboat Car Wash for the job.

Employer Showboat Car Wash LLLP

**520 South Ponce De Leon Blvd
Saint Augustine, Fl 32044
904-810-4000**

Pursuant to Paragraph 443.131(3X9X2) of the Florida Unemployment Law, I hereby accept employment with the above company for a 90 day probationary period Beginning from the date of employment noted below. I acknowledge notification of the probationary period within the first seven work days.

Signature._____

Employment Date._____