

**BLUE WATER WASH  
APPLICATION FORM**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE YOU UNDER THE AGE WHERE A CHILD PERMIT IS REQUIRED: YES  NO

DRIVER'S LICENCE: YES  NO  IF YES, CLASS OF LICENCE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

PRESENT EMPLOYER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

WHEN WOULD YOU BE AVAILABLE TO START? \_\_\_\_\_

ARE YOU WILLING TO WORK THE NIGHT SHIFT: YES  NO

PLEASE LIST THE TYPE OF EXPERIENCE/QUALIFICATIONS YOU HAVE THAT WOULD  
QUALIFY YOU FOR THIS POSITION: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION