



D.P.F. Management, Ltd.

4017 B State Street, Schenectady, NY 12304 (518) 382-0600 Fax: (518) 382-0650

Application for Employment

Last Name: _____

Name: _____
First Initial

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Pager/Cellular: _____

Emergency Contact Person: _____ Phone: _____

Social Security # _____ - _____ - _____

Are you at least 18 years of age? _____

If under 18, have working papers? _____

Have you ever been convicted of a crime? _____ Are you now on Probation? _____

If YES, explain fully: _____

Do you have your own transportation? _____ () Car () Truck () Other? _____

Education

High School: _____ Graduated: _____
Yes/No & Year

School Advisor: _____ Phone: _____

College Attended: _____ Years: _____ Degree: _____

Other Education: (List other job or vocational training, skills, etc.) _____

Please skip to reverse side...

----- Do Not Write Below This Line *** Office Use Only -----

Date Hired: _____ By: _____ Employee #: 01-_____

Payroll Location: () 002 Operations () 003 Western () 004 State Street
(Check ONE) () 005 Altamont () 006 Central () 007 Albany

Start Date: _____ Starting Hourly Rate: \$ _____

Confirm Employment Paperwork: () W-4 () I-9 Completed () 2 Forms I.D.
() 8850 () ORIGINAL Working Papers *if under 18*

Employment History (List most recent first)

Employer Name & Address	Supervisor	Start Date	End Date & Reason for Leaving
Phone #: _____	Duties: _____		
Phone #: _____	Duties: _____		
Phone #: _____	Duties: _____		

Personal References

Name:	Telephone No. or Address

I hereby certify that all the information provided is true and that the making of false statements herein will be grounds for immediate termination of employment. I further understand that I can not receive pay until all required paperwork is completed. I further understand that any keys and uniforms furnished to me must be returned before I receive my final paycheck. I further understand that I am personally responsible for all cash and company property that I handle in the course of employment, and agree to make restitution for any losses due to negligence, misconduct or misappropriation.

Signature of Applicant: _____ Date: _____

----- Do Not Write Below This Line *** Office Use Only -----

Interviewer Comments: _____

New Employee Checklist

- ___ 1. Name tag ordered - Date: _____
- ___ 2. Summer issue: 2 Golf Shirts, 1 Shorts
Winter issue: 1 Sweatshirt, 1 Maroon Jacket, 1 Hat
Managers: 2 Dress Shirts; 1 Red Tie
- ___ 3. All Paperwork Completed and Signed
Application, W-4, I-9 w/ 2 ID's, Form 8850;
Working Papers (ORIGINAL) if under 18; other as needed
- ___ 4. Training Checklist - Reviewed, Signed & Dated
- ___ 5. Colonial Car Wash Operations Manual Reviewed
- ___ 6. Test Scheduled w/ Employee & on Calendar (2 Weeks)