

# TONY'S AUTO REPAIR

9720 Atlantic Ave  
 South Gate Ca 90280  
 TEL 323/564-3361 Fax 323/564-3361

## Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date		March 20, 2018		
Street Address						Apartment/Unit #						
City				State		ZIP						
Home Phone				Cell Phone								
E-mail Address						Birthdate						
Date Available			Social Security No.			Desired Salary						
Position Applied for					CDL#							
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company						Phone						
Address												
Full Name				Relationship								
Company						Phone						
Address												
Full Name				Relationship								
Company						Phone						
Address												

**PREVIOUS EMPLOYMENT**

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								

From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								

From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Responsibilities								

From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature				Date	
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