



## MARTINEZ CLIPPERS

Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State		ZIP		
Phone		E-mail Address			
Date Available	Desired Status (Circle at least one) FT    PT    Temp			Desired Salary	
Position Applied for					
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?	
EMERGENCY CONTACT					
Name		Phone		Relationship	
Name		Phone		Relationship	
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					

<b>PREVIOUS EMPLOYMENT</b>		
Company	Phone	
Address	Supervisor	
Job Title		
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		
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		
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		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>MILITARY SERVICE</b>		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain (optional)		
<b>DISCLAIMER AND SIGNATURE</b>		
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	