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## EMPLOYMENT APPLICATION

<b>APPLICAT INFORMATION</b>				Date
Last Name		First Name		M.I.
Street Address			Apt/Unit #	
City		State		Zip Code
Phone Number		Email		
Date Available		Social Security #		Desire Salary \$
<b>Position Applied for:</b>				
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO      If no, Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO      If so when?				
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO      If Yes please explain				

<b>EDUCATION</b>				
<b>High School</b>			Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	
<b>College</b>			Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	
<b>Other</b>			Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree	

<b>REFERENCES</b>	
<i>Please list Three Professional references.</i>	
Full Name	Relationship
Company	Phone Number
Address	
Full Name	Relationship
Company	Phone Number
Address	
Full Name	Relationship
Company	Phone Number
Address	

<b><i>Previous Employer</i></b>			
Company		Phone Number	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for references? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone Number	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone Number	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b><i>MILITARY SERVICE</i></b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b><i>DISCLAIMER AND SIGNATURE</i></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