



LOPEZ AUTO CLINIC LLC
176 S Navarro St., Giddings TX

Employment Application

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				Home Cell		Email address						
Date Available				Social Security No.				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"/>
Do you have a current Texas driver's license?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If Yes, DL#					
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>												
Name				Relationship								
Company				Phone		()						
Address												
Name				Relationship								
Company				Phone		()						
Address												
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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