

LANDSCAPE ALTERNATIVES, INC

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME _____ SOC. SEC. NO. _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NUBER _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

IF SO CAN WE ASK _____

ARE YOU CURRENTLY EMPLOYED? _____ YOUR EMPLOYER FOR A REFERENCE? _____

WHY DO YOU WISH TO WORK AT LANDSCAPE ALTERNATIVES, INC.?

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
POST SECONDARY (COLLEGE, TRADE SCHOOL, ETC.)				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

EMPLOYMENT RECORD	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
DATE MO/YR				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

HOBBIES OR SPECIAL INTERESTS

REFERENCES OF 3 PERSONS NOT RELATED TO YOU		BUSINESS	YEARS KNOWN
NAME	ADDRESS		
1			
2			
3			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALL ED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WOULD BE FOR NO DEFINITE PERIOD AND DURATION.

DATE _____ SIGNATURE _____