



An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ___ Yes ___ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) ___ Yes ___ No

Have you ever been terminated from employment or asked to resign by an employer? ___ Yes ___ No

If yes, please provide company names and details

_____ Can you work any shift? ___ Yes ___ No

Can you work overtime, including weekends? ___ Yes ___ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___ Yes ___ No

Do you have reliable transportation? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain:

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? ___ If so may we inquire of your present employer _____

REFERRAL SOURCE

How did you hear about us? Walk In ___ Advertisement ___ Referral ___ Other ___

Have you ever worked for this company before?

___ Yes ___ No Explain _____

Do you know anyone who works for our company? ___ Yes ___ No If yes, who?

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From:	To:	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From:	To:	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From:	To:	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From:	To:	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Town Scapes is an equal opportunity employer. Town Scapes does not discriminate in employment because race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Town Scapes to hire me. If I am hired, I understand that either Town Scapes or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Town Scapes has the authority to make any assurance to the contrary. In consideration of my employment, I agree to follow all rules, regulations and policies of Town Scapes whenever adopted.

I attest with my signature below that I have given to Town Scapes true and complete information on this application. No requested information has been concealed. I authorize Town Scapes to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.