



WINDSCAPES *Landscaping*

Application for Employment

Personal Information				
Name: (First, Middle, Last)			Birth Date	
Address	Apt. #	City	State	Zipcode
Phone	Alt. Phone		Today's Date	

Desired Employment				
Position:		Date you can start:	Salary Desired:	
Are you employed now?	May we inquire with Present Employer?		How did you hear about this company?	
YES NO	YES NO			
Are you seeking: Full Time Part Time or Temporary employment? (circle one)				
Ever applied to Windscares before?		YES NO	When?	
Ever work for Windscares before?		YES NO	When?	

Education					
School Level	Name & Location		Years	Graduated	Subjects Studied
High School					
College					
Other					
CDL Class A?	YES	NO	Other Special Certifications/Licenses?		
Chauffer's License?	YES	NO			

Former Employers—List your last three employers, starting with the most recent.

Name of Employer:				
Address		City	State	Zip
Start Date:	Leave Date		Job Title	
Start Salary		Leaving Salary		
Description of Work & Responsibilities:				
Supervisor Name:			Supervisor Phone #:	
Reason for Leaving:				

Name of Employer:				
Address		City	State	Zip
Start Date:	Leave Date:		Job Title:	
Start Salary		Leaving Salary		
Description of Work & Responsibilities:				
Supervisor Name:			Supervisor Phone #:	
Reason for Leaving:				

Name of Employer:				
Address		City	State	Zip
Start Date:	Leave Date:		Job Title:	
Start Salary		Leaving Salary		
Description of Work & Responsibilities:				
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