

	Pe	ersonal Informatio	n		
Name: (First, Middle, Last)			Birth Dat	re	
Address	Apt. #	City	State	Zipcode	
Phone	Alt. Phone		Today's I	Today's Date	

Desired Employment								
Position:						Date you can start:	Salary Desired:	
Are you employ	red now?	May we i	nquire with I	Present E	Employer?	How did you hear abo	out this company?	
YES	NO		YES	NO				
Are you seeking:	Full	Гime	Part Tir	ne	or Te	mporary empl	oyment? (circle one)	
Ever applied to W	indscapes b	efore?	YES	NO		When?		
Ever work for Windscapes before?		YES	NO		When?			

Education						
School Level		Name & Location	Years	Graduated	Subjects Studied	
High School						
College		,				
Other						
CDL Class A? YES NO Chauffer's License? YES NO		Other Specia	 nl Certifications/L	icenses?		

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

References—Please provide 3 references you have known for at least 1 year and are not your relation.							
Name	Address	Phone	Years known				
	Other Information						
If hired, can you provide proof that	you are eligible to work in the U.S.?	YES NO					
Have you ever been convicted of a	ny law violation? If so, please explain. (This will	NOT necessarily disqualify you for	employment)				
YES NO							
Do you have a valid driver's license	? If no, please explain. YES NO	Andrew Programme Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Commencer Com					
Is there anything else you would like	e us to know about you?						
L certify that the facts contained in	this application are true and complete to the b	est of my knowledge and understa	and that, if				
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.							
I authorize investigation of all statements contained in this application and the references and employers listed above to give you							
any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such persons and organizations from all liability for any damage that may result from the utilization of such infor-							
mation.							
I understand that I may be required to successfully pass a drug screening examination, and I hereby consent to a pre- or post-employment drug screen, if required.							
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment							
for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.							
I have read and understand the above statements, and by my signature consent to these statements.							
Signature:		Date:					