APPLICATION FOR EMPLOYMENT SEASIDE LANDSCAPING, INC.

Consistent with the provisions of the American Disabilities Act (ADA) and State Human Rights Act, applicants may request accommodations needed to participate in the application process.

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, ancestry or national origin, age, or veteran status. In addition, this Company does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction. No question on this application is intended to secure information to be used for unlawful purposes.

Last Name:	First Name:		MI:
Street Address:		Home Ph:	
City, State, Zip:		Work Ph:	
Drivers License # and State:		SS#:	
Has License ever been suspended?	If yes, when and why:		
Date of Birth:	Date you can start work:		
EDUCATION	Name and Location of School	Number of Years Completed	Graduate? Y/N
College			
Technical			
High School			
Other			
SKILLS or QUALIFICATIONS t	hat you feel would make you a benef	fit to the Company:	
EMPLOYMENT HISTORY: Please	e list each of your last four employers st	arting with the most recent.	
Company Name:		Tel. #:	
Address:		Employed (Mo/Yr)	. .
Address.		From: T	0:
Name of Supervisor:		Weekly Pay:	
Job Title/Work Description:			
Reason For Leaving:			
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EMPLOYMENT HISTORY, continued: Company Name: Employed (Mo/Yr) From: From: To: Name of Supervisor: Weekly Pay: Job Title/Work Description: Reason For Leaving: Company Name: Tel. #: Employed (Mo/Yr) From: From: To: Name of Supervisor: Weekly Pay: Job Title/Work Description: Reason For Leaving: Company Name: Tel. #: Employed (Mo/Yr) From: To: Name of Supervisor: Reason For Leaving: Company Name: Tel. #: Employed (Mo/Yr) From: To: Name of Supervisor: Weekly Pay: Leb Title/Work Description: Weekly Pay:	SEASIDE LANDSCAPING, INC.				
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Reason For Leaving:	Reason For Leaving:				
REFERENCES:	REFERENCES:				
Name: Relationship: Telephone #		Relationship:	Telephone #		
Ref. 1:					
Ref. 2:					
Ref. 3:					
In case of emergency, please contact:					
Name: Tel. #: Relationship:		Tel #·	Relationshin:		
Tell #1 Relationiship	Trainer	1011 # 1	Relationships		
The information provided in this application is true, correct, and complete. If employed, any misstatement or	The information provided in this application	on is true, correct, and complete	e. If employed, any misstatement or		
omission of fact on this application may result in my dismissal.					
I understand that acceptance of an offer of employment does not create a contractual obligation upon					
Seaside Landscaping, Inc. to continue to employ me in the future.					
I authorize investigation of all statements contained herein and the references listed above to give you any and					
all information concerning my employment and any pertinent information they may have, personal or otherwise,					
and release all parties from liability for any damage that may result from furnishing this information to you. If extended an offer of employment, I consent to undergo a pre-placement physical examination by a health					
professional selected by the Company. I understand that any offer of employment is conditioned upon the results					
of this post-offer examination.	1.	.s. staria that any oner or emplo	, is conditioned upon the results		

DATE:

SIGNATURE: