

**APPLICATION FOR EMPLOYMENT
SEASIDE LANDSCAPING, INC.**

Consistent with the provisions of the American Disabilities Act (ADA) and State Human Rights Act, applicants may request accomodations 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 accomodated, 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 that you feel would make you a benefit to the Company:

EMPLOYMENT HISTORY: Please list each of your last four employers starting with the most recent.

Company Name: _____ Tel. #: _____

Address: _____ Employed (Mo/Yr)
From: _____ To: _____

Name of Supervisor: _____ Weekly Pay: _____

Job Title/Work Description: _____

Reason For Leaving: _____

SEASIDE LANDSCAPING, INC.

EMPLOYMENT HISTORY, continued:

Company Name:	Tel. #:
Address:	Employed (Mo/Yr) From: To:
Name of Supervisor:	Weekly Pay:
Job Title/Work Description:	
Reason For Leaving:	

Company Name:	Tel. #:
Address:	Employed (Mo/Yr) From: To:
Name of Supervisor:	Weekly Pay:
Job Title/Work Description:	
Reason For Leaving:	

Company Name:	Tel. #:
Address:	Employed (Mo/Yr) From: To:
Name of Supervisor:	Weekly Pay:
Job Title/Work Description:	
Reason For Leaving:	

REFERENCES:

Name:	Relationship:	Telephone #
Ref. 1:		
Ref. 2:		
Ref. 3:		

In case of emergency, please contact:

Name:	Tel. #:	Relationship:
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The information provided in this application is true, correct, and complete. 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.

SIGNATURE:

DATE: