

Education:

Name of School	Address City & State	Years Attended	Major Field Of Study	Graduate Yes / No	Degree
High School:					
College:					
Graduate:					
Other:					

List academic honors, scholarships, and honorary fraternities:

Employment History:

Please list all present and past employment for the last ten years, beginning with the most recent.

Name of Employer:	Address:	May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment: From: To:	Position Upon Leaving:	Salary:
Reason for Leaving:	Supervisor's Name & Title	Phone:
Give a description of responsibilities and duties:		

Name of Employer:	Address:	May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment: From: To:	Position Upon Leaving:	Salary:
Reason for Leaving:	Supervisor's Name & Title	Phone:
Give a description of responsibilities and duties:		

Name of Employer:	Address:	May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment: From: To:	Position Upon Leaving:	Salary:
Reason for Leaving:	Supervisor's Name & Title	Phone:
Give a description of responsibilities and duties:		

Name of Employer:	Address:	May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment: From: To:	Position Upon Leaving:	Salary:
Reason for Leaving:	Supervisor's Name & Title	Phone:
Give a description of responsibilities and duties:		

Please list three persons not related to you, whom you have known at least one year.

Full Name: _____ Years Acquainted: _____

Address: _____ Phone Number: _____

Full Name: _____ Years Acquainted: _____

Address: _____ Phone Number: _____

Full Name: _____ Years Acquainted: _____

Address: _____ Phone Number: _____

Please read carefully, initial each paragraph, and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that my answers are true, correct, and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misstatement or omission of information on this application shall be grounds for rejections of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize CMS Landscaping, Corp to thoroughly investigate my references, work record, and other background information from a consumer reporting agency in connection with my employment or application for employment. This background information may be obtained in the form of consumer reports and/or investigative background reports. These background reports may be obtained at any time if you are hired or engaged by the CMS Landscaping, Corp throughout your employment.

If CMS Landscaping Corp. requests an investigative consumer report, I understand that I have the right, upon written request, to a copy of the report.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and CMS Landscaping, Corp.. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without prior notice, at the option of either myself or the company, and that no promised or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature: _____ Date: _____