

# BCW LANDSCAPE / REDMOND GROUP INC

## Employment Application

APPLICANT INFORMATION										
Last Name		First			M.I.		Date			
Street Address				Apartment/Unit #						
City			State		ZIP					
Phone		E-mail Address								
Date Available		Social Security No.			Desired Salary					
Position Applied for										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL Number		State:				
PREVIOUS EMPLOYMENT (LIST MOST RECENT FIRST)										
Company					Phone					
Address					Supervisor					
Job Title			Starting Salary		\$		Ending Salary			\$
Responsibilities										
<b>From</b>		<b>To</b>		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone					
Address					Supervisor					
Job Title			Starting Salary		\$		Ending Salary			\$
Responsibilities										
<b>From</b>		<b>To</b>		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone					
Address					Supervisor					
Job Title			Starting Salary		\$		Ending Salary			\$
Responsibilities										
<b>From</b>		<b>To</b>		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				

**EDUCATION**

High School					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**REFERENCES**

*Please list three professional references.*

Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							

**MILITARY SERVICE**

Branch			From	To
Rank at Discharge			Type of Discharge	
If other than honorable, explain				

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date