

Brandon's Landscapes, Inc. P.O. Box 246 Monrovia, CA 91017				Today's Date			PLEASE PRINT								
				Mo.	Day	Yr.									
Last Name			First			Middle			Referred By						
Address No. and Street					City			State		Zip Code		Home Phone		Work or Message Phone	
Other Names You Have Used While Employed				Will you work: Full Time <input type="checkbox"/> Permanently <input type="checkbox"/> Part Time <input type="checkbox"/> and Temporarily <input type="checkbox"/>				Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Under Federal law, Brandon's Landscapes, Inc. may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986.							Do you have the legal right to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			In case of emergency, contact: _____ Day Phone: _____					
Have you ever been employed by Brandon's Landscapes, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No							Dates Employed		Campus		Department		Position		
Do you have any relatives employed by Brandon's Landscapes, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No							Name		Campus		Department		Relationship		
Have you ever been convicted of a criminal offense by any court? This includes any offense where you were found guilty, pled guilty, or pled nolo contendere. You may omit: a. traffic violations for which the fine imposed was \$300.00 or less; b. conviction of misdemeanor while under the age of 18, if the record was sealed under Penal Code 1203.45; or c. any conviction specified in the Health and Safety Code Section 11361.5 which pertains to various marijuana offenses. <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "yes", please list the dates, places and specific offense(s) on this form. A conviction will not necessarily disqualify you from consideration for employment.															
EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4															
Names of schools attended beyond high school. Include technical, military, professional, college or university.			Location			Dates(Mo/Yr) From To		No. of Units Completed	Scholastic Average	Degree or Diploma	Major	Minor	Answer these questions if the position you are applying for requires proficiency in language(s) .		
												Speak			
												Read			
												Write			
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", where?					What hours?			Course of study:		Do you plan further educational study? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what field and where?					
Membership in Professional Societies and/or Certificates and Licenses. Give state, number and expiration date. (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry or physical handicap.)															
Additional information including special projects, skills, published writings, training, machines operated, special interests and community activities. (You may exclude names of organizations which may reveal your race, color, religion, national origin, ancestry or physical handicap.)															

EMPLOYMENT RECORD

List your present or most recent employer **FIRST** and include U. S. Armed Forces experience and major volunteer experience. Account for all time during at least the past ten years, including periods of unemployment. (You may exclude names or organizations which may reveal your race, color, religion, national origin or ancestry.) Describe senior project, M.A., M.S., or Ph.D. thesis if appropriate.

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
Salary		No. Hrs. Per Week	Your Immediate Supervisor	
Start:			Reason for Leaving	
End:			May we contact your current employer?	

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
Salary		No. Hrs. Per Week	Your Immediate Supervisor	
Start:			Reason for Leaving	
End:				

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Salary		No. Hrs. Per Week	Your Immediate Supervisor	
Start:			Reason for Leaving	
End:				

APPLICANT SIGNATURE: