

Send Us Your Information

Date:	
Position Interested In:	

Name:	
Phone:	
E-mail:	

Street Address:	
City:	
State:	
Zip:	

Salary Requirements:	
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How did you hear about the position?

(Please put an x in the box next to your selection.)

<input type="checkbox"/>	Monster.com
<input type="checkbox"/>	Landscapejobs.com
<input type="checkbox"/>	Horticulturejobs.com
<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Other

Other, please specify:	
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Background

(Please put an x in the box next to your selection.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you at least 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally allowed to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke and/or use tobacco products? Please be aware that Austin Outdoor is a tobacco-free environment.

Yes	No	
		Have you ever been convicted of a crime?
If yes, date:		
Place:		
Offense:		
Disposition:		

Education—High School

School Name:	
School Address:	
Degree/Major:	
If graduated, what year?	
Years Completed:	

Education—College

School Name:	
School Address:	
Degree/Major:	
If graduated, what year?	
Years Completed:	

Education—Graduate School

School Name:	
School Address:	
Degree/Major:	
If graduated, what year?	
Years Completed:	

Education—Other/Vocational

School Name:	
School Address:	
Degree/Major:	
If graduated, what year?	
Years Completed:	

Certifications & Skills

(i.e. FNGLA, CPCO-L&O, computer hardware/software, word processing, typing/wpm, etc.)

Certification/Skill 1:	
Date Received:	

Certification/Skill 2:	
Date Received:	

Certification/Skill 3:	
Date Received:	

Employment

List employment record for the past 10 years—start with the most recent (include unemployment periods and military service).

Employer 1	
From:	
To:	
Employer Name:	
Employer Address:	
Position:	
Supervisor:	
Reason for Leaving:	
Salary:	

Employer 2

From:

To:

Employer Name:

Employer Address:

Position:

Supervisor:

Reason for Leaving:

Salary:

Employer 3

From:

To:

Employer Name:

Employer Address:

Position:

Supervisor:

Reason for Leaving:

Salary:

Employer 4

From:

To:

Employer Name:

Employer Address:

Position:

Supervisor:

Reason for Leaving:

Salary:

Additional Information:	
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Signature/Release Statement

My signature below certifies that all information contained in this informational submission is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations will disqualify me from consideration for employment or, if hired, will be grounds for termination. I also acknowledge that this is not an official application, and I will be asked to fill out a full application at the time of initial interview.

E-signature (type name):	
Date:	