



BRUSH CREEK LANDSCAPING Employment Application

Date _____

Name _____ Social Security # _____
First Middle Last

Current Address _____ Until when? _____

Permanent Address

Current Phone _____ cell home

E-Mail Address _____

Position Desired _____ What are your dates of availability? _____

Date of Birth: ___/___/___ Please Circle: Male / Female

Do you possess a valid driver's license? Yes[] No[] Which state? _____

Drivers license # _____ Are you legally authorized to be employed in the USA? Yes[] No[]

Have you ever been convicted of a criminal offense? Yes[] No[] If yes, please explain

United States Military or Naval Service: _____ Rank _____ Present _____

Membership in National Guard or Reserves _____

Ability to lift more than 50 pounds _____ Soil, fertilizers, fuel, trash bags, grass clippings, branches, etc.

Ability to work more than 40 hours a week _____. Note: overtime is paid after 12 hours a day at time and a half per hr.

**In Case of emergency please
notify:** _____

Name

Phone No.

place of work or refrence

Education Information

Circle your present year in school: High School 3 4 College 1 2 3 4 Graduate 1 2 3

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received
High School			Yes [] No []	
College			Yes [] No []	
Other			Yes [] No []	

Employment History

List all work experience beginning with your **current or most recent position.**

Company Name _____ Employed from _____ to _____
 Address(Street, Address City, State, Zip) _____
 Name & Title of Immediate Supervisor _____ Telephone _____
 Your Title _____ Reason for leaving _____
 Description of Responsibilities _____

Company Name _____ Employed from _____ to _____
 Address(Street, Address City, State, Zip) _____
 Name & Title of Immediate Supervisor _____ Telephone _____
 Your Title _____ Reason for leaving _____
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 Name & Title of Immediate Supervisor _____ Telephone _____
 Your Title _____ Reason for leaving _____
 Description of Responsibilities _____

May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact.

Certifications: Please list certifications you currently hold or will hold by the start of employment. i.e. EMT, Basic First Aid, CPR, ISA arborist, QS with CDA, etc: Please show proof for documentation

Certification	Exp. Date	Certification	Exp. Date	Certification	Exp. Date

Personal References

List three individuals able to give character references.

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

IMPORTANT - PLEASE NOTE

- If you are offered a position at BCL, we will need your signature authorizing a criminal background check.
- Alcohol, tobacco, and tobacco product use are forbidden on Shift, even if the employee is of the legal age to partake in these substances. Tobacco use is limited to personal time, off campus, and not in view of students.

Statement of Purpose

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of Tarrant Enterprises, Inc DBA: Brush Creek Landscaping, disqualify me from employment, or cause my dismissal. I hereby authorize Brush Creek Landscaping to make a thorough investigation of my past employment and activities. I release from liability Brush Creek Landscaping, former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be misconstrued to constitute, a contract of employment.

Signature: _____ Date: _____

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANYS RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE OR NOTICE AT ANY TIME.

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.

DO NOT WRITE BELOW THIS LINE

Interviews By: _____ Date _____

Remarks: _____

Neatness: _____ Ability: lift 50 pounds or more etc: _____

Hired: Yes or NO (Circle one) Position: _____ Division _____

Salary/Wage _____ Date reporting to work _____

Approved By: _____ / _____ / _____

Dept Manager

General Manager Approval

Corporate Approval

All three signatures are required for hire