



Application For Employment



Name _____
Address _____
Home Phone # _____
Cell Phone # _____

Drivers License (Class & Endorsements) _____
Position applied for _____

Work History (Last 2 employers)

Company Name _____ Supervisor _____
Phone # _____ Length of tenure _____
Duties _____
Reason for leaving _____

Company Name _____ Supervisor _____
Phone # _____ Length of tenure _____
Duties _____
Reason for leaving _____

Education

High School Attended _____
Grade Completed _____
Post Secondary Institution Attended _____
Degree, Diploma or Certification earned _____

Personal References

Name _____
Phone # _____
Relation _____

Name _____
Phone # _____
Relation _____

Additional skills and qualifications the you feel will be beneficial in the position you are applying for

I authorize Cliff's Landscaping Supplies Ltd. and its divisions to make inquiries of my past employers, and verify my credentials. Furthermore, I authorize past employers to respond to inquiries from Cliff's Landscaping Supplies to verify my employment history. Under the Privacy Act, I understand that I will not be privy to this information. For certain positions, Cliff's Landscaping Supplies Ltd. may conduct a Criminal Background Check. All employees are subject to pre-employment drug screening. All results are kept private and confidential. By signing below, you are authorizing Cliff's Landscaping Supplies Ltd. to perform these functions.

Signature _____ Date _____