



Madrone Landscapes Inc
 8045 Morro Road
 Atascadero, CA 93422
 License: 441779

Personal Data

Name: _____ SSN: _____ DOB: _____
 Present Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Driver's License Number: _____ Driver's License Type: _____

PLEASE NOTE: Must have a CLEAN and VALID California Driver's License for at least 3 years.

Education

High School Name: _____ Year of Graduation: _____
 If you do not have a high school diploma, do you have a GED or HiSET, yes or no? _____
 Name of School beyond High School: _____
 What was your Major/Minor (Post-Secondary Degree / AA / BA / MA) _____
 Any additional schooling or training? _____

Work Experience (List most recent work experience first)

Company Name: _____ Immediate Supervisor: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
 Job Title: _____ Phone Number: _____
 Reason for Leaving: _____
 Dates Worked: From (mm/yy) _____ To (mm/yy) _____
 Job Description: (duties, skills, equipment used) _____

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Additional Information that could help you qualify for this position

Volunteer Work: _____
Licenses, Certificates, Special Skills, Etc.: _____

List of References (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer Yes or No? _____

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ **Date:** _____