## Illumination FL Landscape Lighting Professionals

APPLICATION	INFORMATION							
Last Name		First				M.I.	Date	
STREET ADDRESS						APT/Unit #	APT/Unit #	
City					State		Zip	
Phone			Email					
Date Available		Social Security No.			Desired Salary/Hrly			
Position Appli	ed for							
Have you eve	r worked for a simil	ar company	?					
If yes, who ar	nd when?							
Have you eve	r been convicted of	a felony? <i>(i</i>	if yes, please ex	plain):				
Education								
High School			Address					
From	То		Did you graduate?		Degree?			
College			Address			•		
From	n To		Did you graduate?		Degree?			
Other			Address			Degree?		
From To		Address			Degree?			

Employment History								
Company				From	То			
Address			Phone #					
Supervisor			Responsibilities					
Start Pay	End Pay	Reason for	for Leaving					
Company				From	То			
Address			Phone #					
Supervisor			Responsibilities					
Start Pay	End Pay	Reason for Leaving						
Company				From	То			
Address			Phone #					
Supervisor			Responsibilities					
Start Pay	End Pay	Reason for	son for Leaving					

References					
Full Name	Relationship				
Company	Phone #				
Full Name	Relationship				
Company	Phone #				
Full Name	Relationship				
Company	Phone #				

Please use this space for additional Education, Employment History and/or References

## **Disclaimer and Signature**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falisify information is grounds for refusing to hire me or for discharge, should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date