

Camarena Outdoor Living Inc.
DBA. Camarena landscapes
Application for Employment

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ Zip _____ Telephone No. _____

Do you have a valid Driver's License? Yes No

Position desired _____

How did you hear of this opening? _____

Have you ever worked or applied at Camarena Outdoor Living Inc. before? Yes No

If yes, when? _____

When can you start? _____ Desired Wage \$ _____

Are you authorized to work in the U.S. legally? Yes No

Are you looking for full-time employment? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

EDUCATION

High School _____

College _____

Other Training _____

In addition to your work history, are there other skills, qualifications, or experience that we should know about?

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EMERGENCY CONTACT

Primary Contact _____ Relationship _____ Telephone _____

Address _____ City _____ State _____

Zip _____

Secondary Contact _____ Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Employment History (start with most recent employer)

Company Name _____

Address _____ Telephone No. (____) _____

Date Started _____ Starting Position _____

Date Ended _____ Ending Position _____

Supervisors Name _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____

Company Name _____

Address _____ Telephone No. (____) _____

Date Started _____ Starting Position _____

Date Ended _____ Ending Position _____

Supervisors Name _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____

Company Name _____

Address _____ Telephone No. (____) _____

Date Started _____ Starting Position _____

Date Ended _____ Ending Position _____

Supervisors Name _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____

I certify all statements to be true and correct and authorize the investigation of all statements contained in this application.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE-HUMAN RESOURCES DEPARTMENT ONLY

Rehire? Si NO Prior Position: _____ Prior Wage: _____
Start Date: _____ Position: _____ Start Wage _____ Supervisor: _____

**Camarena Outdoor Living INC.
APPLICANTS STATEMENT**

I certify that the answers I have given on my employment application, job description and job qualifications are true and complete to the best of my knowledge.

I authorize investigation of all statements made by me in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not job applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Camarena Outdoor Living Inc. Is of an "At Will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time, with or without cause. It is further understood that this "At Will" employment relationship may not be change by conduct, oral promise, or written document unless such change is specifically acknowledged in writing by the president of Camarena Outdoor Living Inc.

In the event of employment, I understand that false or misleading information given in my application and/or interview(s), or significant omissions may result in my immediate discharge. I understand also, that I am required to abide by all the rules and regulations of the company.

I further authorize the release of information pertaining to my job performance, period of employment and/or my conduct from my previous employment to the Human Resources Department of Camarena Outdoor Living Inc.

Name: _____

Date: _____

Applicant's Signature

Date