

EMPLOYMENT EXPERIENCE

Name of Employer	City	State
Describe your day-to-day responsibilities	Starting Position	Starting Date
Reason for Leaving	Ending Position	Ending Date

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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons, and organizations having relevant information or knowledge to provide it to Enviroscapes or its duly authorized representative, for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons, and organizations from all liability in responding to inquiries in connection with my application.

I agree that if I am employed by Enviroscapes the employment will be employment at will and either I or Enviroscapes may terminate the employment relationship at any time for any reason without notice.

In signing this form, I certify that I understand all of the questions and statements in the application.

Signature	Date
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