



**CEMROCK™**  
LANDSCAPES, INC.  
NATURALISTIC ENVIRONMENTS

**CEMROCK LANDSCAPES, Inc.**  
**Application for Employment**

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Print Name

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Date



**CEMROCK™**  
NATURALISTIC ENVIRONMENTS

## EMPLOYMENT APPLICATION (Please print)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you have work papers? \_\_\_\_\_

Do you voluntarily identify yourself as a veteran for reporting purposes?  Yes  No

### EDUCATION (Name and location of school)

High School: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Bus. /Trade: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Col./University: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Grad. / Prof.: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

### PREVIOUS EMPLOYMENT (Begin with most recent position)

#### *Most recent*

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

#### *Previous Employer*

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

*Previous Employer*

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Who referred you to us? (Person or agency): \_\_\_\_\_

Summarize your special skills or qualifications: \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Department Use Only**

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify 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: \_\_\_\_\_



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## PRE-HIRE PERFORMANCE - SELF EVALUATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Previous Job Title: \_\_\_\_\_

**Work Skill Levels:**

**Please rank from 1-10 (10 being the best)**

Supervision: \_\_\_\_\_

Rebar: \_\_\_\_\_

Layout: \_\_\_\_\_

Pump: \_\_\_\_\_

Nozzle: \_\_\_\_\_

Carve: \_\_\_\_\_

Paint: \_\_\_\_\_

Fabrication: \_\_\_\_\_

Backing: \_\_\_\_\_

Waterproofing: \_\_\_\_\_

Safety: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signed