



# Landscaping & Lawn Care, Inc.

Post Office Box 110  
Concord, VA 24538-0110

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## Employment Application Form – Commercial Drivers

*To the applicant: The information below is required by Department of Transportation (DOT) regulations Section 391.23. We may investigate all the information provided below and contact your previous employers for the purpose of evaluating your application..*

### GENERAL

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Daytime No. \_\_\_\_\_  
City State Zip Code

Please list all other addresses where you have resided during the last three years:

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

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

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

Do you have a Commercial Motor Vehicle License (CMV)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have more than one (1) CMV License? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list issuing state, license number and expiration date of each **expired** CMV license or permit you have been issued:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

School name and location \_\_\_\_\_

\_\_\_\_\_

Years completed / degree \_\_\_\_\_

Course of study \_\_\_\_\_

List any training courses, apprenticeships, internships or skills acquired:

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

*Please list each employer you have worked for during the last three years. List the most recent/ present) employer first.*

Employer	Type of business	Address	Phone Number
Start date	Leave date	Final Salary	Reason for leaving
Job Title	Supervisor and title		
Description of job and duties:			

Employer	Type of business	Address	Phone Number
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Employer	Type of business	Address	Phone Number
Start date	Leave date	Final Salary	Reason for leaving
Job Title	Supervisor and title		
Description of job and duties:			

(If you need additional space please continue on another sheet of paper.)

If you are applying for a position to operate a Commercial Motor Vehicle (CMV), please list all employers for whom you have operated a CMV in the seven years previous to the above.

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Employer	Type of business	Address
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Start date	Leave date	Reason for leaving
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Employer	Type of business	Address
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Start date	Leave date	Reason for leaving
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Employer	Type of business	Address
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Employer	Type of business	Address
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Start date	Leave date	Reason for leaving
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(If you need additional space, please continue on a separate sheet of paper)

Please list your experience in the operation of motor vehicles, including the type of equipment, (such as buses, trucks, truck tractors, semi-trailers, full trailers and pole trailers) and the length of experience on each.

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(If you need additional space continue on a separate sheet of paper.)

Please list all motor vehicle accidents in which you were involved during the last three years:

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

Nature of accident: \_\_\_\_\_

Personal injuries and/or fatalities: \_\_\_\_\_

\_\_\_\_\_

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

Nature of accident: \_\_\_\_\_

Personal injuries and/or fatalities: \_\_\_\_\_

\_\_\_\_\_

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

Nature of accident: \_\_\_\_\_

Personal injuries and/or fatalities: \_\_\_\_\_

\_\_\_\_\_

Please list all violations of motor vehicle laws or ordinances (other than just for parking) of which you were convicted or forfeited a bond or collateral during the last three years:

\_\_\_\_\_

\_\_\_\_\_

If you have ever been denied or had revoked or suspended, any license, permit or privilege to operate a motor vehicle please list the facts and details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not, please state that no such denial, revocation or suspension has occurred.

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be clarified before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the RSG Landscaping & Lawn Care, Inc., to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

Your application will be retained for 90 days. If you do not contact RSG Landscaping & Lawn Care, Inc., prior to the 90th day from the date you sign below, your application will be discarded.

A copy of your Driver's Record from the Department of Motor Vehicles is required with this application. Failure to provide may disqualify you from any employment consideration.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The information requested below is for demographic purposes only and will have no effect on the consideration of your application.

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GENDER:      Male      \_\_\_\_\_      Female      \_\_\_\_\_

RACE:

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ White (not Hispanic or Latino)
- \_\_\_\_\_ Black or African American (not Hispanic or Latino)
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- \_\_\_\_\_ Asian (not Hispanic or Latino)
- \_\_\_\_\_ American Indian or Alaska Native (not Hispanic or Latino)
- \_\_\_\_\_ Two or More Races (not Hispanic or Latino)