



Landscaping & Lawn Care, Inc.

WE ARE A DRUG FREE COMPANY! We do perform pre-employment and random drug testing!

Post Office Box 110
Concord, VA 24538-0110

PHONE: (434) 993-2753 www.rsghandscaping.com FAX: (434) 993-3489

D.O.T. APPLICATION FOR EMPLOYMENT

RSG Landscaping & Lawn Care, Inc. is an equal opportunity employer. We will evaluate applicants and employees without regard to their sex (including pregnancy), race, religion, creed, color, national origin, citizenship, disability (physical, mental, or other), genetic information, family medical history, marital status, age, sexual orientation, gender identity, military service, veteran status, or any other status protected by federal, state, or local laws. If you need an accommodation to complete this application, please contact Steven May at (434) 993-2753 or smay@rsghandscaping.com

Name: LAST FIRST MIDDLE

Address:

City: State: Zip Code:

E-Mail:

Home Phone: Mobile Phone:

Address for the Past Three (3) Years:

Address: How Long:

City: State: Zip Code:

Address: How Long:

City: State: Zip Code:

Are you legally eligible for employment in the United States? Yes / No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you over 18 years old? Yes No (If no, you may be required to provide authorization to work.)

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

Date of Birth: Social Security Number:

EMPLOYMENT DESIRED

Position desired

Full Time Part Time Summer Temporary Internship Other (explain)

Which location are you interested in (circle one)? Concord Roanoke Richmond Charleston, WV

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  Yes  No

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Have you ever worked for this Company before?  Yes  No

If yes, where? \_\_\_\_\_ When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

How many hours per week are you available to work? \_\_\_\_\_

Can you work overtime, including weekends?  Yes  No

Are you willing to stay out of town for projects?  Yes  No

**EDUCATION**

	SCHOOL NAME CITY/STATE	# YEARS COMPLETED	DEGREE	COURSE OF STUDY
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma / <input type="checkbox"/> GED	
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Trade/Vocational				
Other Training or Degrees				
Other Training or Degrees				

List any job-related tools, equipment, computer programs, or other skills in which you are proficient:

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

List any professional or civic organizations in which you participate that are relevant to the position for which you are applying. Identify any leadership roles you have held: \_\_\_\_\_

\_\_\_\_\_

*(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)*

Do you have any special skills or abilities which relate to the job for which you are applying?  Yes  No

If Yes, please describe? \_\_\_\_\_

\_\_\_\_\_

Some of our positions require operating vehicles. Do you have a current valid driver's license?  Yes  No

A CDL (Commercial Driver's License)?  Yes  No

Have you been convicted of, or pleaded guilty or “no contest” to a crime (excluding minor traffic violations) in the past seven years?  Yes  No

If yes, please identify the crime and date of conviction: \_\_\_\_\_ (A  
*criminal conviction will not automatically disqualify an applicant from consideration for employment. You may provide any additional information we should consider by attachment)*

**REFERENCES**

Give the names of three people <b>NOT</b> related to you, whom you have known at least three (3) years, familiar with your professional abilities				
Name	Address	Occupation	Phone	YEARS ACQUAINTED

**EMPLOYMENT:** Provide complete employment history beginning with your present or most recent employment. All areas must be completed. When providing dates of employment, you must provide month and year. Attach additional pages as necessary.

If any employment was under a different name, indicate name \_\_\_\_\_

<b>Employer:</b>			
<b>Position:</b>			
<b>From (Mo/Yr):</b>		<b>To (Mo/Yr):</b>	
<b>Address:</b>			
<b>Key Job Duties:</b>			
<b>Starting Pay:</b>		<b>Ending Pay:</b>	
<b>Reason for leaving:</b>			
<b>Were you subject to the FMCSR* while Employed: ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>			
<b>Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to the Drug and Alcohol Testing Requirements of 40 CFR PART 40? ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>			
<b>May we contact this employer?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
<b>If Yes, provide the following:</b>			
<b>Supervisor's Name:</b>			
<b>Supervisor's Phone:</b>			
<b>Supervisor's E-Mail:</b>			

<b>Employer:</b>			
<b>Position:</b>			
<b>From (Mo/Yr):</b>		<b>To (Mo/Yr):</b>	
<b>Address:</b>			
<b>Key Job Duties:</b>			
<b>Starting Pay:</b>		<b>Ending Pay:</b>	
<b>Reason for leaving:</b>			

<b>Were you subject to the FMCSR* while Employed: ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>	
<b>Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to the Drug and Alcohol Testing Requirements of 40 CFR PART 40? ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>	
<b>May we contact this employer?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>If Yes, provide the following:</b>	
<b>Supervisor's Name:</b>	
<b>Supervisor's Phone:</b>	
<b>Supervisor's E-Mail:</b>	

<b>Employer:</b>	
<b>Position:</b>	
<b>From (Mo/Yr):</b>	<b>To (Mo/Yr):</b>
<b>Address:</b>	
<b>Key Job Duties:</b>	
<b>Starting Pay:</b>	<b>Ending Pay:</b>
<b>Reason for leaving:</b>	
<b>Were you subject to the FMCSR* while Employed: ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>	
<b>Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to the Drug and Alcohol Testing Requirements of 40 CFR PART 40? ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>	
<b>May we contact this employer?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>If Yes, provide the following:</b>	
<b>Supervisor's Name:</b>	
<b>Supervisor's Phone:</b>	
<b>Supervisor's E-Mail:</b>	

<b>Employer:</b>	
<b>Position:</b>	
<b>From (Mo/Yr):</b>	<b>To (Mo/Yr):</b>
<b>Address:</b>	
<b>Key Job Duties:</b>	
<b>Starting Pay:</b>	<b>Ending Pay:</b>
<b>Reason for leaving:</b>	
<b>Were you subject to the FMCSR* while Employed: ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>	
<b>Was your job designated as a safety sensitive function in any DOT Regulated Mode subject to the Drug and Alcohol Testing Requirements of 40 CFR PART 40? ( <input type="checkbox"/> YES / <input type="checkbox"/> NO )</b>	
<b>May we contact this employer?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>If Yes, provide the following:</b>	
<b>Supervisor's Name:</b>	
<b>Supervisor's Phone:</b>	
<b>Supervisor's E-Mail:</b>	

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,000 pounds or more, (2) is

designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**REFERRAL SOURCE**

How did you hear about us? \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSE				
DRIVER LICENSE				
DRIVER LICENSE				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK ( <input type="checkbox"/> YES / <input type="checkbox"/> NO)				
TRACTOR AND SEMI-TRAILER ( <input type="checkbox"/> YES / <input type="checkbox"/> NO)				
TRACTOR-TWO TRAILERS ( <input type="checkbox"/> YES / <input type="checkbox"/> NO)				
OTHER ( <input type="checkbox"/> YES / <input type="checkbox"/> NO)				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

A.) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_ NO \_\_\_

B.) Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS**

Have you ever been convicted of a felony?  Yes  No

If the yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Show any trucking transportation or other experience that may help in your work for this company: \_\_\_\_\_

\_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

\_\_\_\_\_

List special equipment or technical materials you can work with (Other than those already shown): \_\_\_\_\_

\_\_\_\_\_

List states operated in for last five years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This application for employment is good for 90 days only.**

**Consideration for employment after 90 days requires a new application.**

### **EMPLOYMENT APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION**

The information that I have provided in this application is accurate, complete, and truthful. I understand that any falsification, omission, or inaccuracy on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand that **RSG Landscaping & Lawn Care, Inc.** is an equal opportunity employer. I understand that I have a continuing obligation to comply with and report any suspected violation of **RSG Landscaping & Lawn Care, Inc.** policies regarding equal employment opportunity and harassment. My signature below indicates that as of this date, I am unaware of any such violation. I understand that any job offers or my continuing employment, if hired, is contingent upon my being able, with us without reasonable accommodation, to successfully perform the essential functions of my job. I understand that it is the policy of **RSG Landscaping & Lawn Care, Inc.** not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation. I understand that any offer of employment may be contingent on my passing a drug screen, and that drug screens are not given for the purposes of identifying disabilities. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. Either I or the employer (**RSG Landscaping & Lawn Care, Inc.**) can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal, state, or local law. I acknowledge that the information I have provided is correct; that I agree to abide by **RSG Landscaping & Lawn Care, Inc.** policies and the law, and to report suspected violations to **RSG Landscaping & Lawn Care, Inc.**; and that I understand that I am seeking at will employment.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

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I authorize **RSG Landscaping & Lawn Care, Inc.** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I acknowledge that **RSG Landscaping & Lawn Care, Inc.** and its agents cannot vouch for or guarantee the

accuracy of information provided by any third parties. Accordingly, I forever release **RSG Landscaping & Lawn Care, Inc.**, its agents, and any former employers or references (including educational references) I have listed on my application from any and all liability arising out of any errors or omissions regarding my background information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_