

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 / 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? _____

REFERENCES

Give the names of three people NOT 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 _____

Employer:			
Position:			
From (Mo/Yr):		To (Mo/Yr):	
Address:			
Key Job Duties:			
Starting Pay:		Ending Pay:	
Reason for leaving:			
May we contact this employer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
If Yes, provide the following:			
Supervisor's Name:			
Supervisor's Phone:			
Supervisor's E-Mail:			

Employer:			
Position:			
From (Mo/Yr):		To (Mo/Yr):	
Address:			
Key Job Duties:			
Starting Pay:		Ending Pay:	
Reason for leaving:			
May we contact this employer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
If Yes, provide the following:			
Supervisor's Name:			
Supervisor's Phone:			
Supervisor's E-Mail:			

Employer:			
Position:			
From (Mo/Yr):		To (Mo/Yr):	
Address:			
Key Job Duties:			
Starting Pay:		Ending Pay:	
Reason for leaving:			
May we contact this employer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
If Yes, provide the following:			
Supervisor's Name:			
Supervisor's Phone:			
Supervisor's E-Mail:			

Employer:			
Position:			
From (Mo/Yr):		To (Mo/Yr):	
Address:			
Key Job Duties:			
Starting Pay:		Ending Pay:	
Reason for leaving:			
May we contact this employer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
If Yes, provide the following:			
Supervisor's Name:			
Supervisor's Phone:			
Supervisor's E-Mail:			

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

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)*

REFERRAL SOURCE

How did you hear about us? _____

Do you know anyone who works for our company? YES ___ NO ___ If yes, who? _____

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 or 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. 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.

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____

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: _____