

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME (35 hours) and do not have restrictions on my hours and days.

I am available and desire to work PART-TIME (34 hours or less)

I am only available for PART-TIME because: Student Other Job Other (explain) _____

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

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:			

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

Education

School name and location _____

Years completed / degree _____

Course of study _____

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like considered in connection with your application for employment.

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO

If Yes, please explain _____

PERSONAL OR BUSINESS REFERENCES	
1 NAME	BUSINESS PHONE
HOME PHONE	TITLE or RELATIONSHIP
CITY AND STATE (ZIP)	HOW LONG KNOWN
2 NAME	BUSINESS PHONE
HOME PHONE	TITLE or RELATIONSHIP
CITY AND STATE (ZIP)	HOW LONG KNOWN

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 45 days. If you do not contact RSG Landscaping & Lawn Care, Inc., prior to the 45th 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.

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)