



Application for Employment

PLEASE PRINT

Position(s) applied for _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____-____-____

If necessary, best time to call you at home is _____

May we contact you at work? Yes No
am

If yes, work number and best time to call (____) _____ : _____ pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give dates ____/____/____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Type of employment desired Full Time Part Time/Temporary/Seasonal

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted or plead guilty to a felony in the last seven (7) years? Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize Anders L&L to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of Anders Lawn & Landscape.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFT 391.23(d) and I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

Employment History

(Ask for Additional Employment History form if needed) All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years; you must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total 10 year employment record).

CURRENT OR LAST EMPLOYER: Name: _____ Phone Number (____) _____

Position Held _____ Immediate Supervisor & Title _____

Dates Employed from _____ to _____ Hourly Rate/Salary Starting _____ Final _____

Summarize the nature of work performed _____

Reasons for Leaving _____

Were you subject to the FMCSRs ** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Par 40? Yes No Explain any gaps in employment _____

SECOND LAST EMPLOYER: Name: _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ Immediate Supervisor & Title _____

Date Employed From _____ to _____ Hourly Rate/Salary Starting _____ Final _____

Were you subject to the FMCSRs ** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Par 40? Yes No Explain any gaps in employment _____

THIRD LAST EMPLOYER: Name: _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ Immediate Supervisor & Title _____

Date Employed From _____ to _____ Hourly Rate/Salary Starting _____ Final _____

Were you subject to the FMCSRs ** while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Par 40? Yes No Explain any gaps in employment _____

EXPERIENCES AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	Yes	No
Truck	1 Ton, Flatbed, Dump	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Heavy Equipment	Farm, Landscape, Skid Steer	_____	_____
Commercial Mowers	Riders, Standers, Walk BH	_____	_____
Trailers	Enclosed, Flatbed, Dump	_____	_____
Plow Trucks	Plows, Spreaders	_____	_____
Other:		_____	_____

OR

Years Of Experience

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (Month/year)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years- check here

DATE CONVICTED (month/year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
 If yes, give details _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES NO
 If yes, give details _____

Applicant Certification

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
_____	_____

Please Read Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize Anders Lawn & Landscape, LLC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Anders Lawn & Landscape, LLC my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Anders Lawn & Landscape, LLC may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between Anders Lawn & Landscape, LLC and me. In addition, I understand and agree that if I am employed; my employment relationship with Anders Lawn & Landscape, LLC is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Anders Lawn & Landscape, LLC and that no promises or representation contrary to the forgoing are binding on the company unless made in writing and signed jointly by the President/CEO and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Anders Lawn & Landscape, LLC benefits; policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will as condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid state driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Anders Lawn & Landscape, LLC auto insurance, if required for my position.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Witness/Company

Date