

DRIVING QUALIFICATIONS

Driver's license number _____ Expiration date _____ State _____

Have you had any traffic violations in the past three years other than parking violations? (speeding, accidents, etc) Yes No

If yes, please list violations below:

Location	Date	Charge	Penalty

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Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

(If the answer is yes to either of the two previous questions, attach statement-giving details)

DRIVING EXPERIENCE

Please list experience in the operation of motor vehicles, including the type of equipment which you have operated (types of vehicles, trailers, etc). Include approximate dates and miles operated if possible.

ACCIDENT RECORD

Have you been the driver of a vehicle which have been involved in an accident in the last three (3) years? Yes No

If yes, please list:

Last Accident _____

Next Previous _____

Next Previous _____

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-injury

EMPLOYMENT HISTORY

Please provide the following information for your employment history for the preceding three (3) years beginning with the most recent.

From / /	To / /	Employer	Telephone
Job Title		Address	
Reason for leaving		Hourly rate/ salary: Starting \$ Final \$	
Contact Person		Summarize nature of work performed and responsibilities	
Were you subject to the Federal Motor Carriers Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Job Title		Address	
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SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates which may qualify you as being able to perform job-related functions in the position for which you are applying.

Do you have any previous injuries which would interfere with work related tasks associated with the position you are applying for?

Yes No

If yes, please explain: _____

EDUCATION

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

If offered employment, it will be expected of you to:

- Pass a drug test.
- Provide your own reliable transportation to and from work.
- Arrive at work no later than your scheduled start time and work throughout the day until the day's work is complete.
- Lift heavy objects up to 80lbs repeatedly throughout the day.
- Work in the outside in the elements, including light rain, cold and hot weather, high-humidity, etc.
- Work in a dusty and dirty environment.
- Maintain a positive attitude.
- Be a team player.
- Be considerate of our customers and assist them as needed.

Can you fulfill our expectations? Yes No

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, 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 if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection to my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I understand, also that I am required to abide by all rules and regulations of Deep Roots Landscape Management LC.

I have fully read and understand the foregoing and seek employment under these conditions.

Signature of applicant

_____/_____/_____
Date