

# Application for Employment

An Equal Opportunity Employer

## River Ridge Landscape Co.

3223 River Road  
Laurel, MT. 59044  
406-628-7317

[info@riverridgelandscap.com](mailto:info@riverridgelandscap.com)

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

General Laborer, Lawn Maintenance, Irrigation, Landscaping

Type of employment preferred: (Please check only one.)  Full-Time  Part-Time

Rate of pay expected \_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Have you submitted an application here before?..... Yes  No   
If yes, give date(s)..... / /

Have you ever been employed here before?..... Yes  No   
If yes, give dates..... / /

Are you legally eligible for employment in the U.S. .... Yes  No

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodations? (Read "Job Description", under Job Specifications, item #4.) Yes  No   
If no, please explain \_\_\_\_\_

Will you work additional hours if required?..... Yes  No   
If no, please explain \_\_\_\_\_

Would it be a problem for you getting to work at the requested times?..... Yes  No

Have you been convicted of a crime in the last seven (7) years?..... Yes  No   
If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Do you have a valid MT driver's license without any moving violations in the past 3 years?..... Yes  No

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



## Employment History

Provide the following information on your present and past employment, assignments or volunteer activities, starting with the most recent (during the past 10 years). Explain any employment gaps in comment section below.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$	PER	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by your previous employer?

Yes  No

Was your previous job position designed as a safety function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40?

Yes  No

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$	PER	

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		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$	PER	

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Yes  No

Was your previous job position designed as a safety function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49CFR Part 40?

Yes  No

Comments: INCLUDING EXPLANATION FOR ANY GAPS IN EMPLOYMENT

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## Educational background

SCHOOLS - List last three (3) schools attended, starting with most recent.	NUMBER OF YEARS COMPLETED	DEGREE DIPLOMA	GPA CLASS RANK	MAJOR	MINOR

## References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you, whom you have known for at least one year.

NAME	TELEPHONE	YEARS KNOWN
	(       )	
	(       )	
	(       )	

Please indicate what days of the week and hours you are available to work. Please include any schedule changes that may take place within the next 6 months. First shift starts as early as 6:00 a.m. Last shift may end approximately 9:00 p.m. Workers maybe required to work Saturdays and Sundays.

Sunday _____	Thursday _____
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Holidays _____

If your application is considered favorable, on what date will you be available to start work? \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

Street: _____	City: _____	State and Zip Code: _____	# of Years _____
Street: _____	City: _____	State and Zip Code: _____	# of Years _____
Street: _____	City: _____	State and Zip Code: _____	# of Years _____

### LICENSE INFORMATION

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

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates	Aprox # of Miles
Straight Truck			
Tractor & Semi -Trailer			
Other			

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

Dates	Nature of Accident	Number of Fatalities	Number Injured	Chemical Spilled?

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

Date Convicted	Violation	State of Violation	Penalty

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 Yes Explain. \_\_\_\_\_

**Additional Information**

Please indicate the level of experience you have had with the following, by placing a check mark in the appropriate column for each item listed.

	Lots of Knowledge and Experience		Some Knowledge and Experience		Minimal Knowledge and Experience		Not Familiar With	
Tree Planting and Care								
Shrub Planting and Care								
Annual Planting and Care								
Perennial Planting and Care								
Grass Prep								
Grass Seeding								
Sod Laying								
Building Retaining Walls								
Building Water Features								
Building Brick or Stone Patios								
Installing irrigation Systems								
Maintaining Irrigation Systems								
Design of Irrigation Systems								
Lawn Mowing								
Lawn Aeration								
Lawn Dethatching								
Lawn Trimming								
Lawn Fertilization								
Lawn Weed Spraying								
Tree and Shrub Pruning								
Bobcat Operations								
Toro Dingo Operations								
Welding								
Automotive Repair								
Carpentry Skills								

Tell us a little about any landscaping, irrigation or lawn maintenance experience you have had or any other experience which may be beneficial to the position you are applying for.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand the job I am applying for is SEASONAL. As a candidate for a position with River Ridge Landscape Co., I understand that my availability to work in the height of the season (varies by position) is a prime qualification for the job. If hired, I agree not to ask for more than two consecutive days off during the height of the season. I may also be required to work overtime when necessary to fulfill the business needs. In addition, my hours may be reduced when necessary. If I am not able to fulfill the above requirements, I understand this may be cause for dismissal. I also understand that River Ridge Landscape Co. will not tolerate drug or alcohol use and River Ridge Landscape Co. maintains a smoke free environment. In addition, the facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. **You are hereby authorized to make any investigations of my personal history including; personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. 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.** I understand that I have a right to: 1. review information provided by current/previous employers, 2. Have errors in the information corrected by the previous employers and 3. Have a rebuttal statement attached to the alleged erroneous information. I understand that information I provided 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 CFR 391.23(d) and (e).

I further understand that if employed, I may be terminated for failure to follow the Company's Policies which will be given to me on my first day of employment.

Applications are kept on file for 6 months in the event openings become available.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ALL EMPLOYEES ARE  
SUBJECT TO THE FOLLOWING:  
RANDOM DRUG AND ALCOHOL TESTING, RESONABLE SUSPICION TESTING  
POST ACCIDENT TESTING, PREEMPLOYMENT TESTING**

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Hired \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Position: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

Date & Time Reporting to Work: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Approval \_\_\_\_\_

