

# Corridor Lanscaping LLC 110 Algarita. San Marcos, TX

## 78666 LANDSCAPER/DRIVER APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to age, sex, color, religion, nationality, sexual orientation, disability, marital or veteran status.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 How long at address? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

If less than 3 years, continue listing below to cover the previous 3 year period:

1. Street \_\_\_\_\_ Dates: From \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ To \_\_\_\_\_  
 .....  
 2. Street \_\_\_\_\_ Dates: From \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ To \_\_\_\_\_  
 .....  
 3. Street \_\_\_\_\_ Dates: From \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ To \_\_\_\_\_

**Attach an additional sheet if necessary**

**Driver's License Information: all licenses held, last 3 years:**

State _____	Number _____	Type/Endorsement _____	Exp. Date _____
State _____	Number _____	Type/Endorsement _____	Exp. Date _____
State _____	Number _____	Type/Endorsement _____	Exp. Date _____

**Driving Experience:**

_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

**List all Traffic Accidents, last 3 years: (If none, write NONE) Attach an additional sheet if necessary**

Date: _____	Describe: _____	Fatalities: _____	Injuries: _____
Date: _____	Describe: _____	Fatalities: _____	Injuries: _____
Date: _____	Describe: _____	Fatalities: _____	Injuries: _____

**List all Traffic Violations Convictions, last 3 years: (If none, write NONE) Attach an additional sheet if necessary**

Date: _____	Violation: _____	State: _____	Commercial Vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date: _____	Violation: _____	State: _____	Commercial Vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date: _____	Violation: _____	State: _____	Commercial Vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes  No  If yes; state of issuance; explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Highest Level of Education Attained

School	Dates	Degrees/Field of Study

**What qualities or skills do you have that would make you an asset to Corridor Landscaping?**

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**How did you hear about Corridor Landscaping?**

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**What position are you applying for and why?**

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**What was your last personal accomplishment?**

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**Employment Record (past 3 years: Attach an additional sheet if necessary)**

1) **Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position(s) held: \_\_\_\_\_  
 Why did you leave this position? \_\_\_\_\_  
**Were you subject to the Federal Motor Carrier Safety Regulations during this period?** Yes  No   
**Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?** Yes  No

2) **Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position(s) held: \_\_\_\_\_  
 Why did you leave this position? \_\_\_\_\_  
**Were you subject to the Federal Motor Carrier Safety Regulations during this period?** Yes  No   
**Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?** Yes  No

3) **Employer:** \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position(s) held: \_\_\_\_\_  
 Why did you leave this position? \_\_\_\_\_  
**Were you subject to the Federal Motor Carrier Safety Regulations during this period?** Yes  No   
**Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?** Yes  No

Availability (Check One)		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Full Time <input type="checkbox"/>	Hours							
Part Time <input type="checkbox"/>	Available							

Have you ever been convicted of a felony? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever been forced or asked to resign? Yes  No  If yes, explain: \_\_\_\_\_

Do you have any conditions or limitations that would prevent you from safely performing your required tasks? Yes  No   
 If yes, explain: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

I understand and agree that if I am employed, any false information, misrepresentation or omission of facts on this application shall be basis for immediate dismissal. I agree to conform to the rules and regulations of the company, and understand that, if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I also understand that, if employed, it will be my responsibility to understand Little Guys Movers' policies, and to seek clarification of any policies which I may not understand.

**I have read and understand the statements above and attest that all information on this application is true and complete to the best of my knowledge. Signature: \_\_\_\_\_ Date: \_\_\_\_\_**