

Position Applied For

MI

First Name

Last Name

Date



**ROLLING GREEN INC.**

**APPLICATION  
FOR  
EMPLOYMENT**

Applications are maintained for up to one year and are subject to inspection by various governmental agencies having authority over this company. If you require additional writing space, attach a separate sheet. Feel free to include any additional information on the application that will help the Company in placing you where you are best qualified.

***An Equal Opportunity Employer***

Office: (951) 360-9294  
Fax: (888) 846-9020

<b>PERSONAL</b>	<b>PLEASE PRINT ALL INFORMATION</b>
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NAME (FIRST, MIDDLE, LAST)		HAVE YOU EVER BEEN EMPLOYED BY ROLLING GREEN INC. <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE DATES:
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PRESENT ADDRESS (STREET- CITY-STATE)	ZIP CODE	(PRIMARY) PHONE NUMBER:
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PREVIOUS ADDRESS (STREET-CITY-STATE)	ZIP CODE	(ALTERNATE) PHONE NUMBER:
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REFERRAL SOURCE:  INTERNET AD    WALK-IN    EMPLOYEE REFERAL-NAME: \_\_\_\_\_

TEMPORARY PLACEMENT AGENCY (NAME) \_\_\_\_\_

**WAGES:**  
IT IS THE POLICY OF ROLLING GREEN NOT TO ASK JOB CANDIDATES FOR WAGE HISTORY INFORMATION.  
IF A CANDIDATE DESIRES TO KNOW THE RATE RAGE FOR THE POSITION HE/SHE IS APPLYING FOR, PLEASE ASK THE INTERVIEWER. \_\_\_\_\_ Initial

LIST FRIENDS OR RELATIVES WHO WORK FOR Rolling Green:	DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES License # _____ State Issued: _____
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IF HIRED, CAN YOU SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU OVER 18 YEARS OLD <input type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF EMPLOYMENT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	WORK LOCATION <input type="checkbox"/> So. CA <input type="checkbox"/> No. CA	DATE AVAILABLE TO START WORK:	ARE YOU A CLASS-A DRIVER: <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION DESIRED	1ST CHOICE		2 ND CHOICE	
	AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>EDUCATION</b>
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	NAME & ADDRESS	COURSE MAJOR	DID YOU GRADUATE?	YEARS COMPLETED	DEGREE RECEIVED
<b>HIGH SCHOOL</b>					
<b>COLLEGE</b>					
<b>GRADUATE SCHOOL</b>					
<b>TECHNICAL, BUSINESS OR OTHER</b>					

<b>NOW ATTENDING</b>	<input type="checkbox"/> UNDERGRADUATE SCHOOL	% COMPLETED	DEGREE / CERTIFICATION DESIRED?
	<input type="checkbox"/> GRADUATE SCHOOL	% COMPLETED	

<b>PROFESSIONAL CREDENTIALS LICENSE/ CERTIFICATE/ REGISTERED</b>	TYPE::	STATE ISSUED:	DATE:	EXP. DATE:
	TYPE::	STATE ISSUED:	DATE:	EXP. DATE:

<b>BI-LINGUAL SKILLS</b>	<b>SPECIALIZED SKILLS APPLICABLE TO JOB</b>
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<b>FOREIGN LANGUAGE PROFICIENCY</b>	
List Language:	<u>Excellent</u> <u>Good</u> <u>Fair</u>
	Reading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Writing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Speaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**WORK HISTORY** *THIS SECTION MUST BE COMPLETED –Account for all time for at least the past ten (10) years. Include periods of unemployment and self-employment. Give complete addresses, list positions starting with last or most current employer first.* **PLEASE PRINT**

1	FROM (MO-YR.)	COMPANY NAME & ADDRESS	JOB TITLE / POSITION	PHONE ( )
	TO (MO-YR.)	REASON FOR LEAVING	SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DUTIES			
2	FROM (MO-YR.)	COMPANY NAME & ADDRESS	JOB TITLE/POSITION	PHONE ( )
	TO (MO-YR.)	REASON FOR LEAVING	SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DUTIES			
3	FROM (MO-YR.)	COMPANY NAME & ADDRESS	JOB TITLE/POSITION	PHONE ( )
	TO (MO-YR.)	REASON FOR LEAVING	SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DUTIES			
4	FROM (MO-YR.)	COMPANY NAME & ADDRESS	JOB TITLE/POSITION	PHONE ( )
	TO (MO-YR.)	REASON FOR LEAVING	SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DUTIES			
5	FROM (MO-YR.)	COMPANY NAME & ADDRESS	JOB TITLE/POSITION	PHONE ( )
	TO (MO-YR.)	REASON FOR LEAVING	SUPERVISOR	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DUTIES			

<b>MILITARY SERVICE</b>	
BRANCH OF SERVICE	MILITARY OCCUPATION SPECIALTY
RANK AT DISCHARGE	ARE YOU IN THE ACTIVE RESERVES <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>PROFESSIONAL REFERENCES</b> (PROFESSIONAL ASSOCIATES, <b>NOT</b> FRIENDS OR RELATIVES)			
1	NAME	COMPANY / ADDRESS	
	BUSINESS RELATIONSHIP	PHONE	YEARS KNOWN
2	NAME	COMPANY / ADDRESS	
	BUSINESS RELATIONSHIP	PHONE	YEARS KNOWN



**PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING**

I understand that if I receive an offer of employment with ROLLING GREEN INC. That it is contingent upon taking and passing pre-employment drug alcohol-screening test and medical exam. I further understand that if the test results indicate the presence of drugs or alcohol in my system that it may result in withdrawal of my offer of employment or termination of employment (if I have already been hired). \_\_\_\_\_ Initial

Note: Medical exams are only applicable to field personnel.

**BACKGROUND & EMPLOYMENT CHECKS**

1. Background Check

As part of the application process, I give my consent TO ROLLING GREEN INC. to conduct a pre-employment background check through a qualified background check agency to obtain information concerning my background, rectitude, and past activities (i.e. DMV records, previous work records, social security number trace, and other job-related criteria). I understand and acknowledge that the information released will be used by Rolling Green in consideration of my employment application and/or if hired, for the purpose of determining my qualifications for future assignments. Note: Prior to conducting a background check a consent/release form must be signed by the job candidate. \_\_\_\_\_ Initial

2. Previous Employment Check

As part of the application process, I also give permission to ROLLING GREEN INC. to verify my employment history and personnel records with any/all employers listed on my employment application. Such information may include, but is not limited, to: employment history, work performance, work habits, and other relevant information as it pertains to the position I am applying for. Note: Prior to contacting employer(s), a consent form must be signed by the job candidate. \_\_\_\_\_ Initial

3. Release of Liability

I hereby hold harmless Rolling Green INC. for its investigation of my employability, and further release from all liability current or former employers, educational institutions, person whose names I have listed as references, and private/public agencies with respect to any damages or liabilities which are sustained as a result of their responses, whether oral or written. \_\_\_\_\_ Initial

**APPLICANT CERTIFICATION/AGREEMENT**

1. Accuracy of Information

I certify under penalty of perjury and in accordance with the laws of the State of California, that all statements/data contained in this application for employment are accurate, true, and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or material omissions in any of this information shall be cause for ROLLING GREEN INC. to withdraw my application from further consideration of employment, or if I have already been hired, termination of my employment, regardless of when the information is discovered. \_\_\_\_\_ Initial

2. At-Will Employment

I understand and agree that if I am hired by ROLLING GREEN INC., that I will adhere to the policies, regulations, and work rules set forth by the Company. I also fully understand and acknowledge that if I am hired, my employment with ROLLING GREEN INC., will be "at-will," and may be terminated at any time by either party with or without cause, and with or without notice. \_\_\_\_\_ Initial

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date