RYCO Landscaping

Employment Application Form

RYCO Landscaping
8595 Pyott Road, Suite C
Lake In The Hills, IL 60156
T: 815-459-7926
F: 815-477-1177

Personal Information

Today's Date_____

Full Name (first)_____(middle)_____(last)_____

Social Security #_____Telephone Home #_____

Nextel Two Way Radio Number _____Telephone Cell # _____

Address_____City, State_____Zip_____

Date available to work_____

How did you hear about RYCO Landscaping?_____

Employment Desired

Position applying for _____

Salary Desired_____ Employment Sought: ☐ Full Time ☐ Part Time

Have you ever been employed here? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

For Snow Plowing, will you work throughout the evenings? ☐ Yes ☐ No

For Snow Plowing, will you work on weekends and holidays? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If yes, may we contact your employer? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐Yes ☐ No

If yes, give details_____

The applicant is hereby given notice that there is no obligation to disclose the existence of sealed or expunged records of convictions or arrests.

Education

High School _____ Location_____ Graduated? ☐ Yes ☐ No

College _____Location_____ Graduated? ☐ Yes ☐ No

Major_____

Associate Degree_____ Location_____ Graduated? ☐ Yes ☐ No

Major_____

Trade/Business/Graduate School _____ Location _____

Graduated? ☐ Yes ☐ No Major_____

Employment History

List most recent first. Include any job-related military service and volunteer activities. (You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.)

Company Name_____ Supervisor_____ Last Position_____

Address _____Telephone No. _____

Date Started_____Last Day_____

Salary Start_____Salary End_____

Reason for Leaving_____

Work Performed

☐ Irrigation ☐ Maintenance ☐ Hardscape ☐ Planting ☐ Grading ☐ Snowplowing

Other Explain_____

Company Name_____ Supervisor_____ Last Position_____

Address _____Telephone No. _____

Date Started_____Last Day_____

Salary Start_____Salary End_____

Reason for Leaving_____

Work Performed

☐ Irrigation ☐ Maintenance ☐ Hardscape ☐ Planting ☐ Grading ☐ Snowplowing

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Other Explain_____

Skills:

Do you have a general driver's license? ☐ Yes ☐ No Years of experience _____

Do you have a CDL license? ☐ Yes ☐ No Years of experience _____

Are you an Union Operator? ☐ Yes ☐ No Years of experience _____

	Fluent	Good	Fair	No			yes/no			yes/no	
Read English						Read Blue Print			Tractor		
Speak English						Grading			Bobcat		
Write English						Plant Installation			Snowplowing		
Read Spanish						Maintenance			Irrigation		
Speak Spanish						Grass cutting			Hardscape		
Write Spanish						Pruning					

Snow plowing experience, check all that apply? ___ Residential ___ Commercial

Type of Equipment	Experience With?	Years w/ Experience?	Comments
Skid Steers	YES / NO		
Wheel Loaders	YES / NO		
Pick Up Trucks w/ Salting Experience	YES / NO		
Pick Up Trucks	YES / NO		
Salt Truck Drivers	YES / NO		
Shoveling	YES / NO		
Mechanic	YES / NO		
Other:			

Special Skills:_____

_____

References: List 3 individuals [not related to you] who are familiar with your work-related skills.

Name	Name of Company	Company Address	Telephone No.	Years Acquainted

Emergency Contact

Name_____ Relationship_____

Home Phone_____Work Phone_____

We are an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Before Submitting….

1. ***Complete the above employee application form.***
2. ***Provide a copy of your driver's license, if applicable.***
3. ***Complete the MVR Authorization for Release Form, if you have a driver's license. NOTE: If you have a copy of your driving record, please supply a copy with this completed application.***

All applicants are required to perform and pass a pre-employment drug test prior to employment.

Signature of Applicant_____ **Date**_____