





**V. Military Service**

Have you ever served in the U.S. Armed Forces? [  ] Yes [  ] No

If yes, Branch \_\_\_\_\_ Rank Attained: \_\_\_\_\_

Honors or Awards? \_\_\_\_\_

Special Training? \_\_\_\_\_

**VI. References: (No relatives, Please):**

Name	Address	Telephone	Occupation	Years Known

Have you ever been convicted for a crime (other than traffic or other minor violations?) [  ] Yes [  ] No

If yes, please give the nature of the offense and other circumstances regarding conviction?

**VII Statement / Signature**

RCI requires that each employee be free from the effects of drugs or alcohol while performing tasks required by the job. As a condition of employment, each employee may be required to take a drug- screening test at the time of employment, or at any other time following employment if the Company believes that such a test is necessary for the safety and welfare of the employee, or fellow employees. Each applicant must agree to the following:

I hereby consent to a pre-employment drug-screening test. I understand and agree that any omission or falsification of this record may be cause for the disqualification of my application, or termination. Furthermore, if employed, I hereby authorize RCI to require me to take a drug and alcohol-screening test in accordance with the current Company policy, covering drug and alcohol abuse. I understand that my refusal to take drug-screening test as required by the current Company policy shall result in my immediate discharge.

*In completing and submitting this application, I understand and agree: That any misstatement of facts will be sufficient reason for immediate withdrawal of this application or in the event of employment, be cause for termination. That my previous employers may be asked for information concerning my employment, character, ability and experience. That no question on this application has been answered in such a manner as to disclose my sex, race, color, age, religion or national origin, disability or veteran status. I understand some positions may require further information, if employed. I agree to abide by all rules and regulations of RCI. That RCI shall be entitled to receive reports concerning injury or illness occurring during employment with RCI from attending physicians or practitioners.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PERSONNEL QUESTIONNAIRE

Please print your name: \_\_\_\_\_

1. What type of work did you do on your last job?
2. Why did you leave your last job?
3. What would you change about your previous supervisor's management style?
4. What would you like to be doing three years from now?
5. What are your strong points as related to the workplace?
6. List the specific skill you have as related to the job for which you are applying.
7. Are there any restraints on the hours you are available to work?
8. Place an "X" in the blank next to work for which you are most experienced.  
Sprinkler installation \_\_\_\_\_ Construction Equipment Operator  
Landscape installation \_\_\_\_\_ Construction Labor  
Landscape maintenance \_\_\_\_\_ Other (Specify)
9. What specific types of equipment are you most experienced in operating?
10. Do you have a current driver's license? [  ] Yes [  ] No

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Class

\_\_\_\_\_  
Expiration Date



## INVITATION TO SELF IDENTITY

This employer is a government contractor subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, and Section 503 of the Rehabilitation Act of 1973 which requires government contractors to take affirmative action to employ, and advance in employment, handicapped individuals, qualified disabled veterans and veterans of the Vietnam era.

If you are a disabled veteran covered by this program, or a handicapped individual, and would like to be considered under the affirmative action program, please tell us. This information is voluntary, and refusal to provide it will not subject you to discharge or disciplinary treatment.

Information obtained concerning individuals shall be kept confidential except that: 1. Supervisors and managers may be informed regarding restrictions on the work duties of disabled veterans, or handicapped individuals and regarding necessary accommodations, and 2. First aid personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment. In the Rehabilitation Act of 1973, pertaining to handicapped individuals, government officials investigating compliance with Act shall be informed.

In order to assure proper placement of all employees, we do request that you answer the following questions: If you are a disabled veteran and have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following:

- A. The skills and procedures you use or intend to use to perform the job notwithstanding the disability.
- B. The accommodation we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations.

If you are handicapped, we would like to include you under the affirmative action program. It would assist us if you tell us about;

- A. Any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any position of that kind.
- B. The accommodations which we could make which would enable you to perform the job properly and safely, including equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

(NOTE: Please turn this page to complete the invitation form)



SELF IDENTITY FORM

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

You are invited to complete this section – Please refer to RCI’S Equal Employment opportunity Policy, or ask a project supervisor for this material.

Position Applying For: \_\_\_\_\_  
\_\_\_\_\_

Gender: (please mark one)

Male \_\_\_\_\_ Female \_\_\_\_\_

Race: (please mark one)

Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Oriental \_\_\_\_\_ Other \_\_\_\_\_

If other please list:

\_\_\_\_\_

Handicapped: No \_\_\_\_\_ Yes \_\_\_\_\_

Disabled Veteran: No \_\_\_\_\_ Yes \_\_\_\_\_

Vietnam Era Veteran: No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Any Skills/Procedures:

\_\_\_\_\_

Any accommodations:

\_\_\_\_\_

Any other Comments:

\_\_\_\_\_

How were you referred to this company?

\_\_\_\_\_