



Rollins Ranch

Employment Application

Please complete all questions. Include any supplemental information which you feel would be helpful in the consideration of your qualifications. Do not supply any information which may be contrary to the laws of your state. Rollins Ranches, LLC offers equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, disability, or any other legally protected status.

PERSONAL INFORMATION

Name _____ Social Security No. _____
Last First Middle

Present Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Position Applying For _____ Date Available _____

Willing to Travel? _____ What Percent of Time? _____

How did you learn of this position? Internet _____ Corporate Web-site _____ Ad _____ Employee _____
 Relative _____ Walk-In _____ Other: _____

Date and location of any prior application to Rollins Ranches, LLC _____

If referred by employee, please give name and location _____

Name and relationship of relatives employed by Rollins Ranches, LLC _____

EDUCATION

Circle highest year completed: High School 1 2 3 4 College 1 2 3 4 5 6

Name/Location of High School _____

Trade or Business School	Course	Years Attended	Grade Average	Degree
Name: Location:				
College/University (Undergraduate)	Major/Minor	Years Attended	Grade Average	Degree
Name: Location:				
College/University (Undergraduate)	Major/Minor	Years Attended	Grade Average	Degree
Name: Location:				

IN CASE OF EMERGENCY

Give name and address of person to notify in case of emergency.

Name: _____

Address: _____

Phone: _____

PROFICIENCIES

Indicate Experience and Skills (as applicable to the position for which you are applying.)

Software Proficiency: MS Word _____ Excel _____ PowerPoint _____ Outlook _____ Lotus _____ Others (List): _____

Other Skills _____

Special Study Courses (Correspondence, seminars, military service school, etc.) _____

Use space below to provide additional information you wish considered regarding knowledge, skills, abilities, special aptitudes, organizations, volunteer and military experience or professional licenses, registrations, permits, patents, and/or other items that relate to the position you seek.

EMPLOYMENT BACKGROUND

List employment for the last ten years starting with your present or most recent position. Account for all periods of unemployment. Attach additional sheets if necessary.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE? YES NO

EMPLOYER (NAME OF COMPANY):	FROM:	EMPLOYED:	TO:	YOUR RESPONSIBILITIES:
ADDRESS (STREET AND CITY):				
YOUR TITLE:	FROM:	BASE SALARY:	TO:	
NAME AND TITLE OF SUPERVISOR:				
PHONE:	OTHER COMPENSATION:			
REASON FOR LEAVING:				
EMPLOYER (NAME OF COMPANY):	FROM:	EMPLOYED:	TO:	YOUR RESPONSIBILITIES:
ADDRESS (STREET AND CITY):				
YOUR TITLE:	FROM:	BASE SALARY:	TO:	
NAME AND TITLE OF SUPERVISOR:				
PHONE:	OTHER COMPENSATION:			
REASON FOR LEAVING:				
EMPLOYER (NAME OF COMPANY):	FROM:	EMPLOYED:	TO:	YOUR RESPONSIBILITIES:
ADDRESS (STREET AND CITY):				
YOUR TITLE:	FROM:	BASE SALARY:	TO:	
NAME AND TITLE OF SUPERVISOR:				
PHONE:	OTHER COMPENSATION:			
REASON FOR LEAVING:				
EMPLOYER (NAME OF COMPANY):	FROM:	EMPLOYED:	TO:	YOUR RESPONSIBILITIES:
ADDRESS (STREET AND CITY):				
YOUR TITLE:	FROM:	BASE SALARY:	TO:	
NAME AND TITLE OF SUPERVISOR:				
PHONE:	OTHER COMPENSATION:			
REASON FOR LEAVING:				

PROFESSIONAL REFERENCES

LIST INDIVIDUALS WHO CAN ATTEST TO YOUR PROFESSIONAL ABILITIES/WORK ACCOMPLISHMENTS, and CHARACTER. DO NOT LIST RELATIVES OR SUPERVISORS LISTED ABOVE.

	<u>NAME</u>	<u>COMPANY</u>	<u>POSITION</u>	<u>BUSINESS PHONE</u>
1.				
2.				
3.				
4.				

ADDITIONAL INFORMATION	What is your minimum salary requirement at this time?		
	Which of the positions you have held did you find most satisfying and why?		
	What do you think has contributed to the success you have had?		
	What is your interpretation of success?		
	Note other information or outside experience you wish considered:		
PRE-EMPLOYMENT QUESTIONNAIRE	Are you in the United States illegally, or do you lack authorization to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Have you ever been convicted of a violent crime?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently wanted by any law enforcement agency?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been fired from a previous job because of theft on your part?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you committed any significant (\$25 or more) thefts within the last ten years?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you a current user of illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever sold marijuana within the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever sold illegal drugs, other than marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
DRIVING INFORMATION (IF APPLICABLE)	PLEASE COMPLETE THE FOLLOWING IF THE POSITION REQUIRES DRIVING:		
	Is your driver's license currently suspended, expired or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had your driver's license suspended/revoked within the last 36 months for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you been convicted of a D.U.I./D.W.I. within the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had two or more at-fault accidents (you were at fault) within the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had three (3) or more moving violations within the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had your automobile insurance cancelled for any reason within the last 36 months?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you been fired from a previous job within the last 36 months because of improper motor vehicle operation?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you had an auto accident in the last five (5) years? If YES, explain:	<input type="checkbox"/>	<input type="checkbox"/>
	Make and Year of Vehicle:	Driver's License Number and State:	
_____	_____		

READ CAREFULLY AND SIGN

In order to protect our customers, employees and company, Rollins Ranch, LLC must be diligent in the selection of new company employees. Our applicant screening process reflects this diligence. I understand that prior to being offered employment with Rollins Ranch, LLC, I may be asked to submit to some or all of the following screening steps, depending on the position for which I have applied: motor vehicle record check, former employer check, felony record check, personal reference check, and/or other pre-employment screening testing as appropriate. In the event I have a medical condition which will affect my ability to take a test, I will so inform Rollins Ranch, LLC prior to the administration of the test so that a reasonable accommodation can be made. Rollins Ranch, LLC reserves the right to require documentation concerning the need for accommodation. I further understand that if an offer of employment is made to me, it is conditioned upon my successful completion of a drug test. Should I receive an offer of employment, I do hereby give my consent to Rollins Ranch, LLC, its doctors, employees or agents, together with any clinic, hospital or laboratory designated by Rollins Ranch, LLC, to perform appropriate test or examinations on me for drugs.

We are required by law to advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I certify that the information given by me in this application is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or for discharge from employment. I hereby authorize my former employer, person, firm, school or corporation listed herein, including this company, to answer any and all questions and agree to hold all persons harmless and release them from all liability or damages for giving any such information within their knowledge or records.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Rollins Ranch, LLC or myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise is binding upon Rollins Ranch, LLC unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Rollins Ranch, LLC retains the same right. Employment is at-will.

I understand that if I am employed, policies and procedures which are issued are not conditions of employment and that Rollins Ranch, LLC may revise the policies or procedures in whole or part at any time.

I understand that this application will be kept on active file for thirty (30) days from the date completed, after which time I would have to reapply if I wish to be considered for any position after that date.

Signature of Applicant

Date