



Have you filed a lawsuit or administrative claim against any of your present or past employers? Yes No

If yes, explain \_\_\_\_\_

Have you filed an application with a Ruppert company before? Yes No If yes, provide date: \_\_\_\_\_

Have you ever been employed at a Ruppert company before? Yes No If yes, provide date: \_\_\_\_\_

Do you have/had any relatives working at Ruppert? Yes No If yes, provide name: \_\_\_\_\_

Have you ever submitted a workers' compensation claim? Yes No If yes, give dates, nature of claims and outcome:

\_\_\_\_\_  
\_\_\_\_\_

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**For Field Positions ONLY**

Are you physically able to operate motorized equipment an/or power tools, stand and walk for long periods of time, hear safety horns and signals, lift 70 pounds, lift any weight (70 pounds or less) repetitively, work 40-60 hours per week or do other common activities required in landscape work, with our without a reasonable accommodation?

Yes No \_\_\_\_\_ Initial

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**EDUCATION**

<b>Name &amp; Location of School</b>	<b>Circle Last Year Completed</b>	<b>Major Course of Study</b>	<b>Diploma or Degree</b>
Middle/High School	7 8 9 10 11 12		
College	1 2 3 4 more		
Graduate/Professional	1 2 3 4 more		

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**REFERENCES**

Please provide the name, address and telephone number of three references that are not related to you and are not previous employers.

<b>Name</b>	<b>Address</b>	<b>Telephone</b>
1.		
2.		
3.		



## APPLICANT'S STATEMENTS

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Ruppert relies on the accuracy of the information presented during the hiring process. Any misrepresentations, falsifications or omissions may result in the exclusion from further consideration for employment or if hired, termination of employment. \_\_\_\_\_ INITIAL

I agree that if I am offered and accept a position I will abide by all existing and future rules and regulations of the company. I also understand that neither this document nor any offer of employment from the employer constitutes an employment contract and that my employment will be "at-will." This means that either the company or myself can end the employment relationship at any time, for any reason, with or without advance notice, so long as there is no violation of any applicable law.

\_\_\_\_\_ INITIAL

I understand that any job offer made by Ruppert Landscape is contingent upon the company's review of the results of any investigation with respect to my past employment, criminal record, driving record, references and/or worker's compensation history. \_\_\_\_\_ INITIAL

Applicant's Name (PRINT) \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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### MARYLAND APPLICANTS

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEES TO SUBMIT OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

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*We consider applicants for all positions without regard to race, color, religion, ancestry, national origin, marital status, age, sex, sexual orientation, disability, genetic status, family responsibilities, and gender identity, or any other legally protected status*



# Invitation to Self-Identify

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

The information requested below will be used for purposes of our Affirmative Action Program and to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information will be confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the government for civil rights enforcement.

Name (Please Print): \_\_\_\_\_

Sex:  MALE  FEMALE

1. Are you Hispanic or Latino?  YES  NO

*A person is Hispanic or Latino if he or she is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.*

2. In What Racial/Ethnic Category Do You Consider Yourself To Belong?

Please check all that are applicable

- White.** *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Black or African American.** *A person having origins in any of the black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander.** *A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- Asian.** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam*
- American Indian or Alaska Native.** *A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.*

\_\_\_\_\_  
Signature

# Self-Identification as a Veteran

We are a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA). These require Government contractors to take affirmative action to employ and promote: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined below and together are referred to as “protected veterans”:

A **Disabled Veteran** is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A **Recently Separated Veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An **Active Duty Wartime or Campaign Badge Veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An **Armed Forces Service Medal Veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

(OVER)

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

NAME \_\_\_\_\_

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- I IDENTIFY AS A VETERAN, JUST NOT A PROTECTED VETERAN
- I AM NOT A VETERAN
- I DO NOT WISH TO ANSWER

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with VEVRAA.

We are an equal opportunity employer. We do not discriminate in hiring or employment against any individual on the basis of race, color, gender, national origin, ancestry, religion, physical or mental disability, age, veteran status, sexual orientation, gender identity, marital status, pregnancy, citizenship, or any other factor protected by anti-discrimination laws.

**Voluntary Self-Identification of Disability**

(Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2)

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities

To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is **voluntary**, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

Because a person may become disabled at any time, we are required to periodically ask all of our employees to update their information, Again, this is **voluntary** and answers will be kept private.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

*Disabilities include, but are not limited to:*

*Blindness                      Deafness                      Cancer                      Diabetes                      Epilepsy*  
*Autism                      Cerebral palsy                      Schizophrenia                      Muscular dystrophy                      HIV/AIDS*  
*Bipolar disorder                      Major depression                      Multiple sclerosis (MS)                      Missing or partially missing limbs*  
*Post-traumatic stress disorder (PTSD)                      Obsessive compulsive disorder*  
*Impairments requiring the use of a wheelchair                      Intellectual disability (previously called mental retardation)*

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)**
- NO, I DON'T HAVE A DISABILITY**
- I DON'T WISH TO ANSWER**

**Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

(over)



## Voluntary Self-Identification of Disability

(Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2)

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.