



Ranger Environmental, Inc.
 5001 Highway 190 E. Svc Rd., Suite C1
 Covington, LA 70433

Phone: 1-800-264-0805
 www.rangerenviro.com

Mail Application To:
 Ranger Environmental, Inc.
 Attention H/R Department
 P.O. Box 1665
 Mandeville, LA 70470

Employment Application

Name:					Date:	
Address:					Apt. #	
City		State		Zip Code		
Have you ever applied for employment with us?					Home Phone:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes: Month		Year	Business Phone:	
Positions Applied for:					Cell Phone:	
Will you work overtime if asked?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pay Expected:
When will you be available to begin work?						SS Number:
Are you legally eligible for work in the United States?						
Apart from absence for religious observance, are you available for full-time work?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, what hours can you work?						
Other special training or skills (languages, machine operation, etc.)						

Education

Type of School	Name and Location of School	Number of Years Completed	Did You Graduate?	Degree or Diploma
Graduate School				
College				
Tech, Trade or Business				
High School				
Elementary				

Driver's License Information	Since our employees will be driving company vehicles it is required that an Office of Motor Vehicles search be performed for insurance purposes.
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Driver's License #		Date of Expiration	
Name as Listed on License		Date of Birth	
Class of License:	List Additional Endorsements:		
<input type="checkbox"/> A			
<input type="checkbox"/> B			
<input type="checkbox"/> C			
<input type="checkbox"/> D			
<input type="checkbox"/> E			

Military Service

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, in what Branch?
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Describe any training received relevant to the position for which you are applying.

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion, or national origin..)

Employment History

Company Name:		Phone Number:	
Address:		Employed - State Month and Year	
		From	To
City, State, Zip		Weekly Pay	
		Start	Last
State Job Title and Describe Your Work		Reason for Leaving	
Company Name:		Phone Number:	
Address:		Employed - State Month and Year	
		From	To
City, State, Zip		Weekly Pay	
		Start	Last
State Job Title and Describe Your Work		Reason for Leaving	
Company Name:		Phone Number:	
Address:		Employed - State Month and Year	
		From	To
City, State, Zip		Weekly Pay	
		Start	Last
State Job Title and Describe Your Work		Reason for Leaving	
Company Name:		Phone Number:	
Address:		Employed - State Month and Year	
		From	To
City, State, Zip		Weekly Pay	
		Start	Last
State Job Title and Describe Your Work		Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
Employer Phone Numbers:	Reason:	
Signature		
The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.		
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.		
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.		
I understand the Driver's License will be used to perform a search of my driving record and by my signature (electronic or original) I authorize said search.		
Date:		Signature: <input style="width: 100%; height: 30px;" type="text"/>