

Employment Application

Full Name: _____ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Soc. Sec. #: _____ Email Address: _____

Emergency Contact: _____ Phone Number: (____) _____

Position Applied For: _____ **Full Time / Part Time** # Hours per week: _____

Are you available for work on call? **Yes No** Desired Salary: _____ Date Available: ___/___/___

Have you ever worked for this company? **Yes No** If so, when? _____ Position? _____

Are you a U.S. Citizen? **Yes No** If no, are you authorized to work in the U.S.? **Yes No**

If no, explain: _____

Do you possess a valid Michigan Driver's License? **Yes No** License #: _____

Operator: ___ Chauffeur: ___ Commercial (CDL): ___ Means of transportation to work? _____

Any accidents or violations in the past 5 years? **Yes No** If yes, explain: _____

Have you ever been convicted of and/or plead no contest to a crime? **Yes No** If yes, explain: _____

Describe Landscaping experience: (Lawn Install, Irrigation, Maintenance, Pruning, Panting, Walls, Patios, etc.):

Describe Equipment you are familiar with: (Skidsteer, Trencher, Loaders, Forklift, Excavators, etc.):

List any qualifications, talents, or hobbies that you think we should know about: _____

Education

High School: _____ From: _____ To: _____

Did you graduate? **Yes No**

College: _____ From: _____ To: _____

Did you graduate? **Yes No** Degree: _____

Other: _____ From: _____ To: _____

Did you graduate? **Yes No** Degree: _____

Military Service

Branch: _____ Title: _____

Date Entered: ___/___/___ Discharge Date: ___/___/___

Employment History

All "driver" applicants must provide the following information on all employers from the preceding 3 years in order to drive within interstate commerce. List complete mailing address.

Company: _____ Phone #: (____) _____

Address: _____

Position Held: _____ Job Description: _____

Contact Person: _____ Reason for Leaving: _____

Employed From: ___/___/___ to ___/___/___ Beginning Wage: _____ Ending Wage: _____

Company: _____ Phone #: (____) _____

Address: _____

Position Held: _____ Job Description: _____

Contact Person: _____ Reason for Leaving: _____

Employed From: ___/___/___ to ___/___/___ Beginning Wage: _____ Ending Wage: _____

Company: _____ Phone #: (____) _____

Address: _____

Position Held: _____ Job Description: _____

Contact Person: _____ Reason for Leaving: _____

Employed From: ___/___/___ to ___/___/___ Beginning Wage: _____ Ending Wage: _____

Are there any health issues that would limit your ability to perform the line of work? _____

Allergies? **Yes No** Do you wear glasses or contacts? **Yes No**

Describe your physical condition: _____ Have you ever been injured on a job? **Yes No**

Have you ever received workman's compensation? **Yes No** If yes, please explain: _____

Application Form Waiver

In exchange for the consideration of my job application by Michigan Landscape Supply Company, Inc. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer and right to remain an employee of the Company or otherwise to change in any respect the employment-at-will relationship[between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as random and/or periodic testing after employment.; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. This Company is an equal employment opportunity employer, We adhere to a policy of making employment decisions without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, citizenship, age or disability.

I have read and understand the above waiver and certify that my statements herein are true and complete to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____