

REDER LANDSCAPING, INC.

APPLICATION FOR EMPLOYMENT

THE FOLLOWING INFORMATION IS NEEDED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT WITHIN THE COMPANY. PLEASE FILL OUT ALL PORTIONS COMPLETELY AND ACCURATELY. IN ACCORDANCE WITH STATE AND FEDERAL LAWS, THE COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, HEIGHT, WEIGHT, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT CLEARLY)

1. Name: _____ Date: _____
(Last) (First) (Middle)
2. Present Address: _____
(Street) (City) (State) (Zip Code)
3. Home Telephone Number: (_____) _____ - _____
4. Emergency Contact Name: _____
Emergency Phone: (_____) _____ - _____
5. Social Security Number: _____ - _____ - _____
6. Driver's License Number: _____
7. Are you at least 18 years of age? Yes No
8. Are you eligible to work in the U.S.? Yes No
9. Which position(s) do you seek? _____
10. When can you start work? _____
11. Are you seeking a full-time position? Yes No
12. What rate of pay do you require? _____
13. Have you ever filed an application with us or previously been employed with us? Yes No If so, when? _____
14. Do you have any relatives or close friends working here? Yes No If so, who? _____
15. If the job for which you are applying requires working on Saturdays, Sundays, or holidays, are you willing to work such a schedule? Yes No
16. Have you ever been convicted of a crime? Yes No If so, what crime and when? _____
17. Are there any felony charges pending against you? Yes No If so, what is the charge? _____
18. Has your operator's permit ever been revoked or suspended? Yes No If so, when? _____
19. Were you in the armed forces? Yes No If so, when? _____ What was your rank and discharge? _____
20. What professional licenses do you hold that relate to the job you seek? _____
21. What specialized education, skills, or training do you possess that relate to the job you seek? _____

RECORD OF EDUCATION

HIGH SCHOOL or PREP SCHOOL (Name & Location)	Major Subject	No. of Years	Degree
UNIVERSITY or COLLEGE	Major Subject	No. of Years	Degree
OTHER (Military Services, Trade, Business, Graduate School)	Major Subject	No. of Years	Degree

WORK EXPERIENCE

Name and Address of Employer	Supervisor's Name	Salary Received	Reason for Separation	From Mo/Yr	To Mo/Yr
1.					
2.					
3.					

REFERENCES

Name of Reference	Address	Telephone	Years Known
1.			
2.			
3.			

AUTHORIZATIONS AND ACKNOWLEDGMENTS

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Company policy. I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that no personnel recruiter or interviewer or any other representative of the Company has any authority to enter into a contract of employment except for the Company President, and that any such agreement must be signed by the Company President.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I authorize the Company to; (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Company involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Company. I waive any written notice for the release of such information which may be required under state or federal law.

I acknowledge that a physical examination and drug screen test may be required prior to beginning employment. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job for which I am applying. I understand that a positive drug test result, a diluted sample, a refusal to submit a requested sample for testing, or a refusal to authorize such testing in writing may result in the Company withdrawing any offer of employment made to me.

Michigan law prohibits discrimination in employment based on handicap. However, an applicant or employee requiring accommodations for employment must notify the employer in writing within 182 days after the need is known. Failure to do so shall result in an affirmative defense to the Company based on any claim I might bring for failure to accommodate a disability in the workplace.

I understand and agree that any claim or lawsuit I might bring against the Company or any of its employees or agents must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I specifically waive any statute of limitation to the contrary. I also agree that any claim I might bring in will be tried before the judge. I specifically waive the option of a jury trial. Nothing in this paragraph shall be deemed to forfeit any statutory rights provided under state or federal law.

I understand that, if hired, this application form, including the acknowledgments I have made above, will become part of my official employment record.

SIGNATURE OF APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE – Interviewer's Comments

Department Head

Job Classification

Personnel

Date

Rate of Pay: \$ _____ Hourly: \$ _____ Salary: \$ _____

Shift: Days _____ Afternoons _____ Midnights _____

Day of Review: ___/___/___ New Hire _____ Rehire _____

Hours: _____ FT _____ OC _____ PT _____ Hours ()