



Allers Precision Lawn Care
 24069 McGillen Ave
 Mattawan, MI 49071

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please fill out the application completely even if you attach a resume. Please be aware that applications can only be accepted for current openings. Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. Allers precision lawn care is an equal opportunity employer.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY () EVENING ()	EMAIL ADDRESS	REFERRED BY	
POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF YES, WHEN?	HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO IF YES, WHEN?		

AVAILABILITY FOR WORK

TYPE OF WORK FULL TIME PART TIME	DESIRED WAGES
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? YES NO	WILL YOU WORK WEEK-END OVERTIME IF NECESSARY? YES NO
DO YOU HAVE ANY ON-GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? YES NO IF YES, PLEASE DESCRIBE:	

PERSONAL

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT? YES NO
ARE YOU AT LEAST 18 YEARS OLD? YES NO
CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? YES NO
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED? YES NO IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION? YES NO (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT) IF YES, PROVIDE DETAILS:

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

EMPLOYMENT RECORD: DO NOT indicate "see resume".

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE

WORK REFERENCES: Please provide a minimum of three.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

PERSONAL REFERENCES: Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

CERTIFICATE OF APPLICANT (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Allers precision lawn care or its representatives concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless Allers precision lawn care, its subsidiaries or affiliate companies, employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that any employment agreement to the contrary must be in writing and approved by the Company's owner or President. If employed, I agree to comply with all rules of the company as a condition of continued employment.

SIGNATURE OF APPLICANT

DATE

READ BEFORE SIGNING

I understand this application will be considered current for 90 days and that this application will become part of my record if I am hired

In consideration of any employment of me by your Company, I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice, It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed SPECIFICALLY to me.

I further recognize that if employed by the Company, I agree, in partial consideration of my employment, file a demand for arbitration to resolve any disputes arising from my employment, as required under Paragraph 9 below. I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitations period(s) provided by law, whichever occurs first.

I understand that any offer of employment made to me by the Company is contingent upon a favorable health evaluation which may include a physical examination (including drug screening) by a doctor selected by the Company. I hereby agree to complete a health evaluation form.

I have been given and read a separate consumer report disclosure, and I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application, and specifically authorize the Company to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to the Company with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of the Company any and all third parties any and all notice(s) I would otherwise be entitled to receive by law in connection with any reference check.

I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company’s prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques, and processes, sales promotions and ideas, customer lists or other confidential matters of the company.

I certify that all the information submitted by me in this application is true, complete and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment.

ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION (“AAA”), provided all substantive rights and remedies including any applicable damages provided under any pertinent statute(s) related to such claims, the right to representation by counsel, a neutral arbitrator, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provision required by law, shall be available in the AAA forum. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.

In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force.

I hereby acknowledge that I have read the above statements, understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

**AUTHORIZATION FOR RELEASE OF INFORMATION
DISCLOSURE NOTICE AND AUTHORIZATION REGARDING
CONSUMER AND INVESTIGATIVE REPORTS**

IMPORTANT: Please read and consider carefully before signing.

In accord with the Federal Credit Reporting Act (FCRA), the Company may obtain consumer reports and/or investigative consumer reports regarding your character, employment history, general reputation, criminal record, education, qualifications, motor vehicle record, references, mode of living, credit characteristics, or other personal characteristics in connection with your potential or actual employment with the Company. Pursuant to this disclosure by the Company and your signed authorization below, the Company may obtain consumer reports and/or investigative consumer reports as described above at any time during the employment application process or employment with the Company.

Whenever it is required by the FCRA, and before any adverse action is taken by the Company based in whole or part on information contained in a consumer report or investigative consumer report, you will receive a copy of the report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I hereby authorize, without reservation, the Company and its affiliates to obtain consumer reports and/or investigative consumer reports at any time for employment-related purposes. I understand that consumer reports and investigative consumer reports may contain information regarding my character, employment history, general reputation, criminal record, education, qualifications, motor vehicle record, references, mode of living, credit characteristics, or other personal characteristics. I recognize that the Company has the right to obtain additional consumer reports in the future regarding me as to any employment-related matter.

I further authorize all persons and entities to release all written and verbal information about me to a consumer reporting agency or any other entity for use by the Company for employment-related purposes and agree to hold each harmless liability and responsibility for doing so.

My signature below indicated that I have read and acknowledged the "Disclosure Notice" above and that I have freely given my authorization in accord with the foregoing.

Signature

Date