

Employment Application

Mitten Mowing LLC

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.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Authorizations and Acknowledgements

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 Owners, and that any such agreement must be signed by the Company Owner(s).

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 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 accommodation for employment must notify the employer in writing within 182 days after the need is known. Failure to do so shall result in 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 acknowledgements I have made above, will become part of my official employment record.

Signature: _____ Date: _____