



APPLICATION FOR EMPLOYMENT

PERSONAL

Name _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ SS No. _____ Are you 18 yrs or older? Y ___ N ___

Are you a U.S. Citizen? Y ___ N ___

If you are not a U.S. Citizen, do you have the legal right to remain permanently in the U.S. Y ___ N ___

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full Time _____ Part Time _____ Other _____

If part time, please specify hours and days desired: _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard?

Y ___ N ___ If yes, What branch? _____ Rank at discharge _____

Date of discharge _____

Important Application Notification: Federal Law (The Americans with Disabilities Act) and Michigan Law (The Michigan Handicappers Civil Rights Act) requires employers to make certain employment accommodations to persons having a determinable disability who are otherwise qualified for the job(s) for which they apply. If you know, believe, or are otherwise aware that you need or may need such an accommodation, please fill out and submit to the company official that portion of the "Michigan Department of Civil Rights Accommodation Request Form" addressed to the company official along with this application. Completion of the attached Accommodation Request Form is entirely voluntary and your choice not to provide this information does not affect eligibility for employment portion of the form as indicated. **UNDER MICHIGAN LAW, A HANDICAPPER NEEDING ACCOMMODATIONS FOR EMPLOYMENT MUST NOTIFY THE EMPLOYER IN WRITING WITHIN 128 DAYS AFTER THE NEED IS KNOWN OR REASONABLY SHOULD HAVE BEEN KNOWN THAT AN ACCOMMODATION WAS NEEDED.**

____ I AM requesting accommodation(s) AND submit herewith the referenced Accommodation Request Form, which I have fully completed.

____ I AM NOT REQUESTING ANY ACCOMMODATION(S)

Salary desired _____ Date available to start work _____

EDUCATION

	NAME/LOCATION	YEARS COMPLETED	DIPLOMA DEGREE	COURSES OF STUDY
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				
GRADUATE				
VOCATIONAL TRAINING				

Any other educational training _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes _____ No _____

If so, where, when and nature of offense _____

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex national origin, handicap, marital or veteran status

State any additional information that you feel may be helpful to us in considering your application

Name, address and phone number of person to be notified in the event of accident or emergency

AUTHORIZATION AND UNDERSTANDING

By signing this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete and that, specifically: I authorize Sustainable Landscape Design to verify any of the information concerning my previous and potential employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies (which includes, by way of example, the company's drug and/or substance abuse testing program(s) and procedure(s), and I authorize them to release such information as you require or deem appropriate, including my prior disciplinary employment record(s), without any obligation to give me written notice of such disclosure; and, I also authorize Sustainable Landscape Design to release information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release Sustainable Landscape Design and them from any liability whatsoever as a result of any such inquiries and disclosures. I hereby voluntarily consent to participate in any and all of Sustainable Landscape Design's drug and/or substance abuse testing program(s) and I hereby forever release Sustainable Landscape Design and all others from any liability whatsoever as a result of any such testing and/or disclosure(s); and, I agree that any false information in support of my application or positive drug and/or substance abuse test may subject me to discharge at any time during the period of my application and/or employment; and, if hired, and upon

completion of my orientation period (and/or as extended or re-extended by the company at its option), I agree I will serve at the will and pleasure of the company and I shall agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of Sustainable Landscape Design, as they are from time-to-time changed with or without notice to me; and, I acknowledge and agree that, during, for example the company's orientation period and/or as extended and/or re-extended with or without limit or limitation by and in the company's sole and exclusive discretion, as well as all times thereafter, that either Sustainable Landscape Design or myself may terminate the employment relationship at any time for any or no reason whatsoever, with or without cause or justification and/or with or without prior notice or warning by or to either; and, I hereby authorize Sustainable Landscape Design to deduct from each and every period of my pay any amounts necessary to offset any damage(s) caused by me or the value of property or money entrusted to me by, or owed by me to Sustainable Landscape Design during the course of my employment, so long as such deduction(s) do/es not cause my resultant rate of pay to fall below the statutory established "minimum wage", if applicable by the terms thereof: and I agree that these terms, and/or all terms, conditions and/or arrangements, as referenced herein this document, section and/or subsection, may only be altered by a formal writing specifically directed to and naming me personally and signed by the president of the company and myself; and, I further agree that if I should bring any action or claim related to or otherwise arising out of my employment excluding Workers' Compensation against Sustainable Landscape Design or any of its agents, officers or directors, I shall do so within 182 calendar days of the date of the occurrence of the first act, action, omission or conduct supporting such action or claim, be it legal, equitable, administrative or otherwise, and that if I do not do so within such 182 calendar day period, any such action or claim shall be forever barred, and, I further agree that if I should bring any action or claim in any forum arising out of my employment, as above referenced, against Sustainable Landscape Design or its officers, agents, directors, successors or assigns in which the company prevails, I will pay to the company any and all costs incurred by Sustainable Landscape Design in defense of said claim(s) or action(s) including its reasonable attorney fees; and, I further agree that, if hired, or otherwise extended or offered employment at and/or with the Company based upon my representation above, here and below set forth, my "at-will" employment and/or the offer is also conditional upon the results of any employment related physical(s) and/or the results of any drug and/or substance abuse test(s) and/or employment eligibility verification (Form I-9) information are known and acceptable to those particular company officials with authority to approve same and that if same or either is or are not satisfactory to the company and/or those authorized company officials, for any or no reason whatsoever, I authorize and agree that the offer of employment will be revoked and/or I will be terminated at that time or at such time as otherwise deemed prudent, advisable or reasonable by and to the Company; and finally, by signing this document, I acknowledge, agree and affirmatively state that I have read the entirety of this Application of Employment very carefully and understand completely the totality of the words, phrases and sentences set forth herein, its/their implication(s) as well as each and every one of those waivers and disclaimers as herein and above set forth.

Applicant Signature _____ Date ____/____/____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1.	Employer	Dates		Work performed
		From	To	
	Address			
	Job Title	Hourly rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			
2.	Employer	Dates		Work performed
		From	To	
	Address			
	Job Title	Hourly rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

3.	Employer	Dates		Work performed
		From	To	
	Address			
	Job Title	Hourly rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			
4.	Employer	Dates		Work performed
		From	To	
	Address			
	Job Title	Hourly rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

REFERENCES

1.	Name	Address	Phone	Yrs Acquainted
2.				
3.				
4.				

To the Applicant:

Your interest in Sustainable Landscape Design LLC. is appreciated and, likewise, the company is interested in your qualifications. A clear understanding of your background and work history will assist the company in potentially placing you in a position which, in our sole exclusive judgment, best accommodates your qualifications and Sustainable Landscape Design LLC employment needs.

As an integral part of the application process, Sustainable Landscape Design. requires and/or may require DRUG AND/OR SUBSTANCE ABUSE TESTING of all job applicants. Your signature on this application for employment represents your voluntary consent to such testing and further operates to release the company from any liability regarding the DRUG AND/OR SUBSTANCE TESTING procedure(s) and results there from. Sustainable Landscape Design is an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital or veteran status, or the presence of a non-job related physical, medical condition or handicap capable of accommodation consistent with the meaning of those particular and applicable Federal and/or Michigan laws.

Dated: _____

Employee Signature

Print Name