

MoweRx Doctor

Application For Employment (At-Will)

Mower Doctor is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

PERSONAL BACKGROUND (Office Use: Resume Provided 3 References Copy of Education/Transcripts)

Date of Application: _____

Name: _____ Soc. Sec. #: _____

 Last First M.I.

Present Address: _____

 Street City State Zip

Telephone #: Home (_____) _____ Cell Phone (_____) _____

Email Address _____ How did you learn of this opening? _____

Applying For: Lawn Care/Landscaping

Repair

Plowing/Other

Are you 18 years or older? Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Date Available to Start: _____ I can work: _____ Full-time Part-time

If applying for Part Time please specify hours of availability:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Have you ever applied to this company before? Yes No If yes, When? _____

Hourly Wage Desired: _____

Do you have an updated (within a year) Medical Physical? Yes No

Do you have reliable transportation to and from work? Yes No

Are you lawfully entitled to be employed in the United States? Yes No

Have you ever been convicted of a crime except a minor traffic violation? Yes No

If so, please state citation, date and place where offense occurred. _____

MoweRx Doctor

EDUCATION:

	Name & Location of School	Highest Grade Completed	Subject/Major
High School		9 10 11 12 GED	
College		1 2 3 4 Masters	
Specialized Training			

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	Salary	Last Position Held/ Responsibilities	Name of Supervisor	Reason for Leaving
From: To:					
From: To:					
From: To:					

Is there any reason we may not contact your present or prior employers? If yes, please explain: _____

REFERENCES: Three individuals not related to you, whom you have known for at least one year: By providing this information below you are granting Mower Doctor permission to contact these references.

Name and Position	Company Name	Telephone

Number of years you have previously worked in the Lawn Care/Landscaping/Plowing and/or repair business?

Application Explanation

I understand that this application is not a contract, a job offer, or an agreement of employment. I acknowledge that employment with Mower Doctor is At-Will. This means that my employment at Mower Doctor can be terminated at any time with or without cause or advanced notice and acceptance of employment is not a contract of employment for a specified time. Similarly, I am free to terminate my employment with Mower Doctor at any time for any reason. This At-Will provision may be modified or waived in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with Mower Doctor policies and procedures. I understand that Mower Doctor has the right to modify its policies, procedures, and practices at any time to the extent permitted by federal, state, and local law, except that it will not modify its policy of At-Will Employment. With my continued employment with Mower Doctor, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form relating to my application of employment may result in my denial of employment, or if employed would result in immediate dismissal.

I hereby authorize Mower Doctor or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state, or local law and I agree to complete any requisite authorization forms. I release all parties from any liability arising out of this provision and the use of such information.

Applicant Signature: _____ Date _____

Employee Conduct Agreement

Every employee is to strive to achieve excellence in results and personal conduct. The best interest of the employees and clients of Mower Doctor depends on the team work commitment of the staff.

Each employee is responsible for conducting all personal and business affairs in a manner that is honest and ethical. Every employee must maintain awareness at all times of the importance of ethical conduct and refrain from taking part in any transaction where the employee's well-being or the well-being of their family may conflict with the best interest of Mower Doctor.

All employees must conduct themselves and their activities and lives away from work in a manner which will not diminish Mower Doctor reputation or bring embarrassment to Mower Doctor.

Generally, Mower Doctor will not seek information about the off-work activities of its employees. Nevertheless, all employees must understand that their off-work activities may in some instances have a direct impact upon Mower Doctor. Therefore, Mower Doctor reserves the right to seek out information about off-work activities including WebPages or Social Networking of its employees and to discharge any employee who is determined by Mower Doctor to have violated the standards, or the requirements of its employee handbook, or for any other action which is not in the best interest of Mower Doctor.

All employees are responsible for acting in the best interest of Mower Doctor in all matters relating to the company. All employees are encouraged to seek guidelines from a supervisor in the event that they have a question about a potential action or inaction.

Simply stated, **what you do on your own time is Mower Doctor's business if it affects your work or the reputation of the company in any way.** Violations of this policy may result in discipline up to and not limited to discharge.

Applicant Signature: _____ Date _____