

Tough Guys Lawn Care



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT (1/5)
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last First Middle Maiden

Present address _____

Number Street Apt. # City State Zip

Telephone (____) _____ Social Security No. _____ - _____ - _____

How familiar are you with the local area? _____

If under 18, please list age and birth date: _____

Position applying for : _____

Desired hourly wage: _____

Tough Guy's Lawn Care offers paid trainings for basic skills needed for several services it provides. Are you willing to take these trainings before the date you are available to work? Yes No

If "yes", Tough Guy's Lawn Care will contact you to schedule times that may best accommodate your schedule.

What date are you available for work? _____ Are you willing to travel long distances? Yes No

Are you willing to work (summer employment): FULL-TIME? OVER-TIME? SATURDAY? (Occasionally)

Are you willing to work between the months of September-March (during normal school semesters)? Yes No

If "Yes", then: Are you willing to work: FULL-TIME? PART-TIME? EARLY MORNING SNOW REMOVAL?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (town, state)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, please explain: Number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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APPLICATION FOR EMPLOYMENT (3/5)

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address: City, State, Zip Code: Phone number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of last supervisor	Employment dates (month/year)	Pay or salary
		From: To:	Start: Final:
		Your last job title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code: Phone number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of last supervisor	Employment dates (month/year)	Pay or salary
		From: To:	Start: Final:
		Your last job title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT (4/5)

Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address: City, State, Zip Code: Phone number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of last supervisor	Employment dates (month/year)	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code: Phone number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY

APPLICATION FOR EMPLOYMENT (5/5)
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Tough Guy's Lawn Care (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Tough Guy's Lawn Care, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Department Manager of the Company. Both the undersigned and Tough Guy's Lawn Care may terminate employment at any time, without specified notice or reason. Tough Guys Lawn Care reserves the right to withhold employee payment, temporarily or indefinitely, in cases of late hour entries. Late entries will be considered grounds for termination. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits and transitions in time tracking procedures.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.