



APPLICATION FOR EMPLOYMENT

KATERBERG VERHAGE
CREATE. GROW. PRESERVE.

We are an equal opportunity employer. We will not tolerate discrimination of any kind including but not limited to race, creed, color, sex, religion, military status, handicap, or national origin. Qualified applicants will be considered equally for all available positions.

Instructions: Please complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date this application. *Please print clearly.*

GENERAL INFORMATION

NAME: _____ PHONE: () _____

ADDRESS: _____ SOCIAL SECURITY #: _____ - _____ - _____

CITY: _____ STATE: _____ ZIP CODE: _____

POSITION APPLIED FOR: _____

WAGE DESIRED: _____

WILL YOU ACCEPT SEASONAL/TEMPORARY WORK? YES NO

ARE YOU A U.S. CITIZEN? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

WILL YOU ABIDE BY THE RULES OF THE COMPANY? YES NO

IN CASE OF ACCIDENT, PLEASE NOTIFY (Name, phone number, & relationship): _____

HOBBIES/INTERESTS: _____

EDUCATION

HIGH SCHOOL: _____

Circle highest level completed 9 10 11 12 DIPLOMA? YES NO GED? YES NO

COLLEGE: _____

Circle highest level completed 1 2 3 4+ GRADUATE DEGREE? _____

VOCATIONAL TRAINING YES NO IF YES, WHICH FIELD. _____

NAME OF VOCATIONAL SCHOOL: _____

LIST ANY EXPERIENCE (i.e.; equipment operation, truck driving, etc...) THAT MAY RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:

PERSONAL REFERENCES

(Other than family members and previous employers)

1. NAME: _____ PHONE: () _____
2. NAME: _____ PHONE: () _____
3. NAME: _____ PHONE: () _____

PREVIOUS EMPLOYMENT

(Please begin with the most recent)

1. Company: _____ Phone #: () _____
Supervisor: _____ Position Held: _____
Employed from _____ to _____ Reason for Leaving: _____
Last Wage: _____ May we contact? Yes No
2. Company: _____ Phone #: () _____
Supervisor: _____ Position Held: _____
Employed from _____ to _____ Reason for Leaving: _____
Last Wage: _____ May we contact? Yes No
3. Company: _____ Phone #: () _____
Supervisor: _____ Position Held: _____
Employed from _____ to _____ Reason for Leaving: _____
Last Wage: _____ May we contact? Yes No

DRIVER INFORMATION

This section is to be completed by anyone who will drive employer's vehicles, whether regularly or occasionally. Due to the importance of this information for most positions with our company, your signature at the end of this application permits us to check your driving history. **All questions must be complete unless you have been instructed otherwise.**

DRIVERS LICENSE #: _____ STATE: _____ EXPIRATION: _____

TYPE OF LICENSES YOU HOLD:

- Operator Commercial (CDL) Chauffer

IF YOU HOLD A CDL, WHICH CLASSIFICATIONS ARE YOU CERTIFIED UNDER?

HAS YOUR DRIVERS LICENSE BEEN REVOKED OR SUSPENDED IN THE LAST 10 YEARS Yes No

ARE THERE ANY RESTRICTIONS ON YOUR LICENSE? Yes No

If yes, please explain: _____

EMPLOYEES ARE REQUIRED TO PROVIDE THEIR OWN TRANSPORTATION TO AND FROM JOBSITES LOCATED IN WEST MICHIGAN. WILL YOU HAVE RELIABLE TRANSPORTATION TO AND FROM JOBSITES?

Yes No

HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS OR ACCIDENTS? Yes No

If yes, please list here and when they occurred:

Affirmative Action Voluntary Information

Katerberg VerHage Inc.

3717 Michigan NE
Grand Rapids, MI. 49525

To Applicant: This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act and/or other federal and local government laws or regulations.

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with these regulations regarding government record keeping, reporting, and other legal obligations, we ask that you complete this Applicant Data Survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applicants for all available positions without regards to race, color, religion, sex, national origin, veteran status, handicap, or any other legally protected status.

Position(s) applied for: _____ Date _____

Referral Source:

- Walk-in Gov't Employment Agency School
 Employee Private Employment Agency Other _____

Applicant Information:

Name: _____ Phone #: _____

Address: _____

- Male Female

Please check one of the following Equal Employment Opportunity identification groups:

- White Black (not of Hispanic origin) Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native

For Office Use Only

Position(s) applied for: Available Unavailable

Other position(s) considered for: _____

Hired? Yes No

Position hired for: _____

MEDICAL INFORMATION

Katerberg VerHage, Inc. is a commercial landscape construction company requiring different types of manual labor. Do you have any physical disabilities or work restrictions which may affect your ability to perform? YES NO

If yes, please explain:

HAVE YOU EVER RECEIVED WORKER'S COMPENSATION FOR ANY INJURIES OR OCCUPATIONAL DISEASES IN THE PAST 10 YEARS? YES NO If yes, please describe:

CERTIFICATION OF APPLICANT

Please read the following statement carefully before signing this application.

I hereby represent that the above statements and information are true and complete. I have not withheld information from this application which, if disclosed, would affect this application unfavorably. I understand that if it should be determined at any time, whether before or during my employment with Katerberg VerHage, that any requested information was withheld by me, or that any of the statements furnished in this application were false or misleading, I may be refused employment or, if employed, discharged immediately. I understand that the Immigration Reform and Control Act of 1986, requires me to prove the legality of my residency or citizenship. I am aware that failure to provide said proof will legally force my termination. I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between me and Katerberg VerHage or the provision of any benefits. I further understand that if employment is subsequently established, I will be free to resign my employment at any time, with or without cause, and with or without prior review, notice or warning and that Katerberg VerHage retains this same right. In addition, I understand that no one at Katerberg VerHage, other than the President has any authority to offer employment other than on this at-will basis. I understand that no promise, representation, or agreement contrary to the foregoing is binding on Katerberg VerHage unless made in writing and signed by me and an authorized representative of Katerberg VerHage. I am also aware that Katerberg VerHage takes part in a random drug testing program. I understand that, if selected for testing, I will be required to report immediately to the testing center. I understand that my refusal to be tested will result in immediate termination. I acknowledge that Katerberg VerHage reserves the right to impose any corrective action it deems necessary or appropriate given the facts and circumstances of a particular situation based on my test results. I hereby authorize Katerberg VerHage to consult my previous employers, unless otherwise stated, and any other references provided in this application that may be necessary in establishing employment with Katerberg VerHage. If I become employed with Katerberg VerHage, I will comply with all rules, regulations, policies, and communications directed to employees. I agree to the above terms of employment. I understand and agree that, except as provided above, all benefits, programs, schedules, and policies of Katerberg VerHage are subject to exceptions and may change at any time as decided by the officers of Katerberg VerHage in their sole discretion.

Signature of Applicant _____

Date _____

IF HIRED AS A POTENTIAL PERMANENT FULL TIME EMPLOYEE, THERE WILL BE A PROBATIONARY PERIOD OF APPROXIMATELY 90 DAYS AFTER WHICH YOU WILL BE EVALUATED.

FOR OFFICE USE ONLY

ATTACHMENTS: Resume Reference Check Interview Driving Record Check Results

DATE AVAILABLE: _____ POSITION HIRED FOR: _____

ADDITIONAL COMMENTS/REMARKS:

AUTHORIZED SIGNATURE: _____ DATE: _____