

Welcome To (Company Name)

Welcome to the (Company Name) Team! Please find included your contract and some general (Company Name) policies.

Our Vision

Insert your vision for your company here. If you don't have one, gather your leadership team and get one.

Our Values

Insert your company values here. If you don't have them solidified and written down, now's the time. You're looking for 3-5 maximum and get your leadership team involved.

Insert Your Company Logo

A few notes to get you started using this guide:

- Remember that 'weigh in is buy in'
- Use as much or a little of this example as you like of need
- Get a lawyer or HR specialist to review your employment contract
- A portion of this gets filled out by the employer before being provided to the employee
- Once completed, always check to make sure it is filled out correctly before the new employee goes on to the next task
- Showing all of the information, shows the new hire options that may be available to them at a later date (for example, benefits)
- Check anything that is in Bold - it shows titles but also where there may be additional notes or places to insert information.

Employee Contract - please read and complete the information included

1. Personal Information

Name	
Address	
City	
Postal Code	
Telephone Number	
Email Address	
SIN	
DOB	

Emergency Contact	
Emergency Contact Phone Number/Email	

Allergies: Please indicate any anaphylactic allergies that we should be aware of?

Do you carry an Epi-pen? Yes No

Driver's License Class: _____

Driver's License Number: _____

Driver's License Expiration: _____

Do you have a clear driving abstract? Yes No

If no, explain any tickets, accidents etc. you have had and when:

Has your license been suspended in the past three years?

Employee Initials _____

Education Level:

- Industry Certified - CLT; CLD; WSIP; FLP; ICPI; other _____
- Red Seal
- Apprenticeship Certification
- Horticulture Diploma/Certificate
- Other: _____

Experience Level for your position:

- 0-1 year
- 1-2 years
- 2-4 years
- 4+ years

First Aid Yes No
 Expiry Date: _____

Previous Employer:

Company Name: _____
 Contact Person: _____
 Address: _____
 Phone Number: _____

2. Compensation and Pay

Probation Start Date _____ Probation End Date _____

This contract begins on _____ and ends on _____

- Part time/Seasonal
- Summer
- Winter
- Year Round Contract

Rate of Pay

Check which applies	Type	Rates	Employee Initial
	Hourly	Total Hourly Rate: \$_____ Is a total of your regular pay and vacation pay. Regular Pay \$_____ Vacation Pay \$_____	
	Yearly Salary	Your total hours for the year will be:_____. Your bi-weekly pay will be \$_____ for ___ pay periods.	
	Other		

Employee Initials _____

Additional Information	Employee Initials
Vacation pay is included in your hourly/salary pay.	
You are responsible for the completion of your contract hours. If you work over these hours you will be compensated.	
Your payroll information - paystubs and T4 slips - are found online through your (insert appropriate information - for example: online payroll platform/paper slips provided in locker).	
Earnings are subject to statutory withholdings and/or deductions. (for example, but not limited to, EI, CPP etc)	

Vacation Information

Vacations are to be taken in July, August, and September only. (Outline what the expectation is for vacation - this is just an example)	
All vacation time must be requested through the time off request form in EXT AND approved by a supervisor. (Provide direction for this - this is an example)	

Benefit Opportunities/Offers

Check all that apply	Description	Cost/Value	Employee Initials
	Group Retirement Plan/Group Registered Retirement Plans		
	Group Health Care Plan		
	Health and Wellness Plan - program needs to be approved.		
	Industry relevant education per year during this contract agreement. Please note this is non-transferable and has no cash value		
	Phone credit if your phone is used for work and is always accessible while working		
	A rebate on footwear upon successful completion of this contract		
	Mileage for a vehicle if using a personal vehicle for work at a rate of.\$0.51/km. Proof of mileage is required within 30 days.		
Additional benefits not listed above:			

Employee Initials _____

If you receive training/education and do not fulfil this contract any and all fees provided by (Company Name) for training, education, safety related fees will be deducted off your final pay.			
If (Company Name) chooses to terminate this contract for any reason within the contract period, all applicable fees will apply.			

Job Description** Update this as applicable for your company. Below is an example. Note, that making a broad range of duties give you and the employee flexibility in how they can help support the company and advance their career.**

For summer and/or winter employment your tasks may include but are not limited to:

- Summer duties - various roles require various task, such as but not limited to, garden maintenance, weeding, edging, cultivation, planting, operate lawn mowers, blowers, trimmers, lawn treatments, installing various landscape elements (for example: sod, mulch, soil, pavers, granular A, etc) trimming and pruning shrubs, demolition, load and unloading of material, operating equipment and machines. Your position may also include flyer delivery or general shop housekeeping. You must be available Monday to Saturday from 6:30am until 6:00pm. Hours may fluctuate during peak times.
- Winter duties - Residential walkway clearing, driveway clearing, operating a plow, shovelling, salt and traction applications and tractor operation. Your position may include flyer delivery or general shop housekeeping. Winter hours are completely dependent on each snow event. Winter employees will be expected to work regardless of time or day. All team members can expect to work outside through inclement weather (rain, heat, etc.), provide excellent customer service, work both independently and as part of a team

I understand and am willing, committed and able to perform any and all tasks including but not limited to grass cutting, maintenance, hedge work, garden work, residential walkway clearing, driveway clearing, operating a plow, shovelling, salt and traction applications and tractor operation, flyer delivery and housekeeping at the shop and on any **(Company Name)** vehicle.

I am both physically and mentally prepared and able to complete any and all tasks deemed meaningful by **(Company Name)**.

Employee Initials _____

3. Medical Questionnaire *Note: update or remove this portion as you see fit. This information does not have to be provided by the employee and they can choose to not fill this area out. This is for workplace safety purposes but as an employer you can not require/enforce an employee to fill out this information.

Please note that this information is in case of a workplace injury/emergency so that we can provide additional information to health care professionals if required.

Name:

Date:

Height:

Weight:

1. Have you been treated by a physician in the last 5 years for an illness, injury, or surgery that is related to your physical capabilities?

Yes ___ No ___

If so, please give details:

2. Have you been treated for any of the below disorders?

Disorder of the ears, eyes, nose, or throat including shortness of breath and asthma

Yes___ No___

Dizziness, fainting, headache, or seizures?

Yes___ No___

Chest pain, high blood pressure, or heart attack?

Yes___ No___

Back strain, sprain, or pain?

Yes___ No___

Diabetes?

Yes___ No___

Arthritis or disorder of the muscles or bones, including joints and spine?

Yes___ No___

Allergies?

Do you carry an Epi-pen?

Yes___ No___

Employee Initials _____

If yes to any of the above, were you or are you being treated by a physician and are you taking any medication for this treatment? Explain:

3. Have you consulted a chiropractor or physiotherapist in the past five years?

Yes___ No___

4. Have you missed more than 10 consecutive days due to sickness or injury done on the job?

Yes___ No___

If so, please give details:

5. Have you ever had an injury due to any activity you performed on the job?

Yes___ No___

If so, please give details:

6. Have you ever had an injury outside of work? Were you treated?

Yes___ No___

If so, please give details:

7. Are you presently on any medication and for what?

Yes___ No___

Please note: if anything changes while working here it is incumbent upon you to inform the company:

8. Do you regularly participate in any hazardous sports? If so, what?

Yes___ No___

Employee Initials _____

If so, please give details:

9. Are you a smoker?

Yes___ No___

How many cigarettes a day do you smoke on average? _____

10. Do you drink alcoholic beverages? Yes___ No___

Average consumption per week? 1-2___ 3-4___ over 5___

11. Have you received treatment, been advised to receive treatment or joined an organization because of use of alcohol/narcotics? Yes___ No___

12. Do you ever use any sedative, stimulant, tranquilizer, hallucinogen, narcotic or any other drugs including cocaine, marijuana etc. that was not prescribed by a physician? Yes___ No___

13. Have you had any phase of a COVID vaccine? Yes___ No___

14. In case of an emergency who should we contact?

Name: _____

Phone: _____

Alternate contact person if above cannot be reached:

Name: _____

Phone: _____

I declare that I have read all the questions and answered them to the best of my knowledge and believe that the responses provided are complete and true. I understand that all of this information will be kept confidential in my file, by my employer.

Employee Initials _____

4. Personal Protective Equipment (PPE) for Landscape Workers

Some landscaping tasks may pose hazards to workers. It is imperative to assess the hazards of each task and use the appropriate PPE. Employees who are expected to wear PPE must be directed in its proper use and care, including keeping PPE clean and in good condition, and storing it in a location protected from potential damage or contamination when it is not in use.

- Gloves are basic protective equipment. Choose gloves appropriate to the assigned task. Leather work gloves are suitable for tasks such as pruning trees, pulling weeds and digging. If you use power tools that cause vibrations, wear anti-vibration gloves. When handling chemicals, use chemical resistant gloves. Whichever gloves you choose, ensure they fit properly.
- Proper footwear is extremely important for landscaping tasks. Sandals, open toed shoes or clogs should never be worn. Steel toe boots are mandatory.
- Eye protection is required. Use safety glasses with side shields. UV resistant safety glasses are recommended.
- Hearing protection must be used when using our mowers or other noisy equipment.
- Make sure to wear clothing that provides protection from the sun such as hats, sunglasses, light-coloured long-sleeved shirts and long pants. Make sure clothing is not loose as it could get caught in the machinery.
- Stretch before and during your work.
- Routine use of sunscreen with at least SPF 30 is mandatory for outdoor work. Insect repellent may also be advisable. Be sure to have bottled water as well to keep hydrated during hot temperatures.

NAME _____

SIGNATURE _____

DATE _____

I understand and agree to the above.

5. (Company Name) Return To Work Policy

(Company Name) believes employees are the most important assets of our company. We are committed to assisting our injured employee's return to work immediately and to work with the medical community to help the injured employees regain their livelihood.

The focus of our Return to Work (RTW) program is to meet the needs of both **(Company Name)** and our injured employees by modifying the employee's existing position and/or work schedule.

For this program to be successful the injured employee must report all injuries to a **MANAGER** on **the same day of the incident**. We will provide our injured employees with information about our RTW program and other materials that can be presented to the treating medical provider, so that a temporary transitional duty assignment can be designed as soon as possible.

If you are injured at work you must:

- Seek first aid immediately . **Intial** _____
- Report injury to a Manager the day of the incident. **Intial** _____
- Seek medical attention, which we can arrange for you should you require. **Intial** _____
- Provide medical professional with the **(Company Name)** return to work package that you have taken from the office or was provided by the supervisor **Intial** _____
- Return to work packages are in your vehicle, provided to you with your Welcome Package, can be found on the safety board in the shop, and/or provided by a manager or supervisor **Intial** _____

Once you have received medical attention:

- Speak with the Owner, General Manager, Operations Manager, or Project Manager directly (email or phone messages are not acceptable as soon as you are aware of the medical professional decision);
- **You must show up to work the following business day;**
- You must maintain daily contact on your progress; and
- You will receive an offer for modified work while in recovery.
- I accept and agree to abide by the **(Company Name)** Return to Work Policy stipulations and the Worker Safety and Insurance Board's policy.
- I have read, had explained to me, and understand everything laid out in this document.
- I agree to and understand I am participating in a partnership of shared responsibility with my employer to allow for returning to safe and productive work following an injury as soon as it is medically possible to do so.
- I understand that it is my responsibility to stay current, up to date and understand all additions to **(Company Name)** Return to Work Policy. I also understand that it is my responsibility to clarify with a manager anything that is not clearly understood as it pertains to this policy.
- I agree to and understand the **(Company Name)** Return to Work Policy, and accept my responsibilities as laid out.

If you need additional information about our policy, work assignments, please contact **(Company Name)** **(Company Phone Number)**.

NAME _____

SIGNATURE _____

DATE _____

I understand and agree to the above.

6. (Company Name) Workplace Violence and Harassment Policy

All employees have the right to expect a place of employment that is free from behaviour that can be considered harassing, abusive, disorderly, or disruptive. Any violent behaviour or behaviour that creates a climate of violence, hostility, or intimidation will not be tolerated, regardless of origin. Proactive measures will be taken to minimize the potential for violent acts. Each and every act or threat of violence will result in an immediate and firm response that could, depending on the severity of the incident and/or other relevant considerations, include termination from employment with **(Company Name)**.

This policy includes, but is not limited to, the following behaviours and situations:

- Violent or threatening physical contact (including fights, pushing, and physical intimidation.)
- Direct or indirect threats
- Threatening, abusive or harassing phone calls
- Possession of a weapon or company property
- Destructive or sabotaging actions against company or employees' personal property
- Destructive or sabotaging actions against company/ clients property
- Stalking
- Threatening acts or abusive language that leads to tension within the work environment

Any person who makes substantial threats, exhibits threatening behaviour, or engages in violent acts at **(Company Name)** shall be removed from the premises as quickly and as safety permits, and shall remain away pending the outcome of an internal investigation. No existing **(Company Name)** policy, practice or procedure should be interpreted to prohibit decisions designed to prevent a threat from being carried out, a violent act from occurring or a life-threatening situation from developing.

Reporting Procedure:

Reporting procedures have been developed to encourage early reporting, support and stress reduction for employees as well as the prevention of violence. Any employee can report concerns or incidents to his or her immediate supervisor, a member of the Office Staff, or any member of management including the owner.

(Company Name) will initiate an appropriate response. This response may include, but is not limited to, termination of employment.

(Company Name) understands the sensitivity of this information and will work confidentially, which recognizes and respects the right to employee privacy.

- Accepts and agrees to abide by the **(Company Name)** Violence and Harassment in the Workplace Policy stipulations and Ontario's Bill 168, Violence and Harassment in the workplace.
- I have read, had explained to me, and understand everything laid out in this document
- I agree to participate in a partnership with my co-workers, supervisors, managers and owner to continually review and improve workplace health and safety
- I understand that it is my responsibility to stay current, up to date and understand all additions to **(Company Name)** Occupational Health and Safety, including Bill 168. I also understand that it is my responsibility to clarify with a supervisor anything that is not clearly understood as it pertains to this policy

For more information on the violence and harassment policy and Bill 168; please refer to the **(Company Name) Health & Safety Policy.*

NAME _____

SIGNATURE _____

DATE _____

I understand and agree to the above.

7. (Company Name) Impairment Policy and Procedure

Purpose

(Company Name) is accountable and committed to creating a safe environment for its staff, clients, and members of the public. This duty includes addressing any issue that may impair an employee's ability to perform their work functions safely and responsibly and by following the guidelines set out by the Ministry of Labour.

Policy

All individuals working at **(Company Name)** (including volunteers and contractors) are expected to report fit for duty for scheduled work and be able to perform assigned duties safely and acceptably without any limitations due to use or after effects of alcohol, illicit drugs, non-prescription drugs, prescribed medications, or any other substance situation, or issue that may impair judgement or performance.

(Company Name) has taken the position that the presence of illicit drugs, recreational drugs and alcohol on the worksite is not permitted.

Employees are required to report to their employer any prescription medication that impacts/alters their body or mind. The employee is not required to disclose your diagnosis to your employer.

Any individual failing to adhere to this policy will be subject to discipline up to and including dismissal.

Procedures

Managers and supervisors are to identify and handle all situations promptly where there are concerns about an individual's ability to perform his or her job safely.

Employees who are assessed and suspected to be impaired while at work can be sent home immediately, transportation would be arranged, tested, and subject to suspension. The Manager is responsible for documenting any incidence of suspected impairment.

Employees are encouraged to inform their manager about any situation that may compromise their safety or the safety of others, or impair their performance.

Employees shall advise their Manager whenever they have any concerns about their colleagues' fitness or duties.

(Company Name) will use 'fit to work' procedures, and provide accommodations (where appropriate).

(Company Name) honours that disabilities are protected through human rights legislation. Employees who have substance dependence are strongly encouraged to seek assistance - please see the 'Health and Safety Board' located in the shop or in your 'Welcome Package' for additional resources.

NAME _____

SIGNATURE _____

DATE _____

I understand and agree to the above.

8. Electronic Monitoring Policy

(Company Name) makes every attempt to ensure the safety and security of all staff employed and equipment, gear and vehicles operated by said staff. As such, all gear and vehicles are equipped with GPS tracking systems. Additionally, the shop, yard, and office areas are fitted with live feed security cameras.

The EXT app on your phone is not monitoring your location through the movements of your phone. It is a GPS stamp that makes a note in time when you are job tracking time. The location of your phone can not be tracked in real-time.

Each tracked vehicle monitors the movements of the vehicle through an electronic GPS system which is reported to an electronic software. These movements can be tracked in real-time as well as through saved history. This vehicle monitoring takes place every day and night throughout any and all hours.

(Company Name) uses the information obtained to assist in tracking locations for employee safety, to ensure employees do not deviate from their service route during their shift, and to discipline employees who are untruthful about their whereabouts during working hours.

Surveillance cameras installed in and around the building capture feeds that can be viewed live, as well through recalled history. These videos and recordings are captured 24/7. The purpose is to ensure the security of the workplace to prevent and respond to theft from any source or individual.

Please sign below stating you have read and understand the Electronic Monitoring Policy

NAME _____

SIGNATURE _____

DATE _____

I understand and agree to the above.

9. Policies, Responsibilities, Guidelines, and Expectations

Dress Code: I understand that I will be required to wear a **(Company Name)** high visibility t-shirt/sweater/vest/jacket, long pants, and steel toe boots at all times. An inappropriate uniform or defacing of uniform will result in suspension of time without pay until he/she is appropriately dressed.

Environment: I understand that I must contribute to and maintain a safe work environment for myself, my coworkers, our clients, and community. I will report any and all incidents at all times. Any unsafe or inappropriate behaviour or use of equipment may result in immediate termination of this contract.

Equipment: I understand that any damage that may occur to equipment or by equipment must be reported to my Foreperson or Supervisor as soon as possible. General maintenance and proper care of your tractor/truck and all other equipment is your responsibility at all times.

Cell Phones & Data Devices: Cell/smart phones should not be used at any time while operating a motor vehicle or equipment. Only Forepersons and drivers can receive a mobile phone reimbursement if they adhere to the following: Phone is always accessible and is used to communicate with management and coworkers. For each weekday without a mobile phone 10.00\$ is deducted from your next mobile phone reimbursement pay, and while on vacation your reimbursement can be prorated. **(Company Name)** may choose to provide you with a company work phone.

Behaviour: I understand that I must be physically and mentally alert for all job functions that are expected of me at all times. I must be physically and mentally capable of working. If a supervisor feels you are not physically or mentally capable of work you will be sent home without pay. This includes being under the influence of alcohol, narcotics and includes but is not limited to prescription medication. If it is suspected you're under the influence, you can be sent home, tested, and subject to suspension. This is for your safety and the safety of your co-workers.

Lateness: I understand that I am to give proper notification to my supervisor if I am going to be late. If you arrive late having not notified your Manager you will be given a warning and may be sent home for the day. If 3 late occurrences take place a meeting with a Manager will result. If more than 3 late occurrences take place, you may be subject to discipline up to and including termination of employment. It is your responsibility to be at the shop, dressed with your steel toes on and ready to start working at 7am. You will be considered late if you are not ready to go by 7am.

Time off/ Absences: I understand that I must submit time off requests through **(insert your policy)** for approval. Absences greater than 60 days (even medical leave), mean I am not fulfilling my contract obligations and may be subject to discipline up to and including termination of employment.

Probation Period: I understand that my probation period can be extended. An extended probation period will be automatic if I have not been in for a portion of the probation period (if you have not been present for 90% of your probation period then it will automatically be extend until it has been achieved)

Layoffs: I understand that, I may be laid off when work is slow, not required, interrupted due to weather (or other circumstance) and is not a constructive termination/dismissal.

Job Quality: I understand that I am to follow guidelines laid out for me during my training, and provide the best quality service at all times. Repeat errors on service calls and lack of quality service can result in job suspension without pay or contract termination.

Development: I understand that it is my responsibility to seek out and accept opportunities for industry and personal development. We are here to support you and if you need help you can always ask for assistance from the office.

Employee Initials _____

License/Driving Abstract: I understand that I will provide and maintain a valid driving license while employed by **(Company Name)**. **(Company Name)** must be notified in writing of any changes to the status of my license and/or driving abstract.

Company Privacy: Sensitive company information (particularly those relating to client information, personnel and company processes) cannot be shared with persons not employed by **(Company Name)**. Divulging information like the company's client information, internal operations and legal matters are strictly prohibited.

Social Media: When posting work related content, employees must establish that the project belongs to **(Company Name)** and not mislead viewers that it is in any way your independent project. Neither party shall criticize the other in any public forum/social media which may bring the name of **(Company Name)**, associates, or partners into disrepute. For example posting a picture of yourself wearing the company logo while engaging with alcohol, drugs, at political protests etc.

Photos: Any photos of company job sites, properties, and/or staff and company events remain the property of **(Company Name)** and are not to be used without the written consent of **(Company Name)**. You agree that **(Company Name)** has permission to use these photos.

(Company Name) start up package: The cost of your Landscape safety training is 180\$ as part of your start up package. It may also include 2 **(Company Name)** T-shirts and 1 **(Company Name)** Jacket and 1 toque or 1 sweater depending on the season. This cost will be deducted from your final pay cheque if the contract is terminated before the specified end date. This applies if either party decides to terminate the contract. The amount will not be deducted if the contract is completed.

Online Training

I acknowledge that it is my responsibility to complete any applicable safety training that is assigned to you as well as the Worker Awareness Training.

Communication: Administration typically communicates by email as well as text/EXT. Operations typically communicate by text/EXT. There are also announcements and information that is communicated through EXT software. It is your responsibility to check your email and messages on a regular basis and respond as requested.

Logging In and Out for Your Shift: Each employee will receive login information with a password to EXT, initially through email. It is the employee's responsibility to ensure that they sign in and sign out for the day. Failure to sign in or out will result in a delay of pay or loss of earnings. Make sure you understand how to sign in and out, ask your supervisor for help if needed.

Breaks: All breaks must be accounted for by the employee by signing in and out. Each crew member must sign in at the beginning and sign out at the end of each break. For an 8 hours shift a 30-minute unpaid break for lunch will be deducted from your timesheet unless approved by a Manager. ***Update this is you automatically have time reduction.**

Warnings/Suspensions: Warnings/Suspensions will be issued and the severity will be seen fit by the supervisor for instances such as but not limited to: arriving late or leaving early without notification and approval; willful damage to equipment; failure to follow instructions; violation of safety rules, substandard work, violation of company policy or procedures; violation of company core values

Employee Initials _____

Personal Protective Equipment (PPE) - Safety Equipment/Safety: It is your responsibility to ensure you are prepared for the various weather conditions and you are aware and have the proper safety gear such as:

- Hard hats
- Safety vests
- Lumbar supports
- Ear protection
- Eye Protection
- Foot protection
- Long pants
- Sunscreen lotion
- Insect repellent
- Safety talks
- WHMIS
- OHAS
- JHSC and it's members
- Water/food
- Rest
- Head wear
- Sun stroke/heat exhaustion awareness/prevention
- We have numerous PPE for sale Gloves 2.00\$, Safety sunglasses 15.00\$-20.00\$, Peltor hearing 30.00\$ the economy version 15.00\$

Weather: You will be expected to work in various weather conditions.

- Rain: You are expected to work in light rain. If it starts raining on a property, finish that property and then evaluate. Check in with your supervisor/manager. You are not expected to work in thunder or lightning. You must assess risk depending on your area of town as weather differs depending on where you are working. Be prepared with rain gear. If it is raining where you are, be prepared to help crews where it is not raining.
- Extreme Heat: You must be prepared for extreme heat conditions. This will differ since everyone's tolerance level is different. Please refer to our health and safety policy for this.
- Cold: be prepared to work in cold weather and snowy conditions. Wear layers and be sure to set yourself up with extra gloves, socks, hats, and/or scarfs to keep yourself warm.

<p>NAME_____</p> <p>SIGNATURE_____</p> <p>DATE_____</p> <p>I understand and agree to the above.</p>

This Employment Agreement constitutes the entire understanding and agreement between (Company Name) and _____ regarding the terms and conditions of employment. This Agreement supersedes all prior agreements, understanding, and representations, whether written or oral, between the parties with respect to the subject matter and date hereof.

The parties further acknowledge and agree that they have had the opportunity to review and negotiate the terms of this Agreement, and that any ambiguity or uncertainty in the language of this Agreement shall not be construed against either party as the drafter.

In signing this Agreement, the parties acknowledge that they have read and understand its contents and that they voluntarily and knowingly agree to be bound by its terms and conditions.

We look forward to working with you and having you on the team! If you have any questions do not hesitate to ask. We are here to help and support you through your employment with us.

<p>EMPLOYEE NAME _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p> <p>I understand and agree to the above.</p>

<p>(Company Name) REP.</p> <p>NAME _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p>
