

**EMPLOYMENT APPLICATION & PERSONNEL RECORD FORM
EEO EMPLOYER**

Office use only
Contacted Ref:
DL & SS card:

Background

Background

Name: _____
First Middle Last

Address: _____
Street/RFD/Box City/Town State Zip Code

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

Are you 18 years old or older? Yes No

If so, date of birth: _____

In case of emergency, contact: _____

Name and Address	Last Grade Complete	Degree Earned
Primary Education (Elementary/High)		
Vocational/Technical		
College/University		

Employment History

List Three Most Recent Positions Held (Starting with last position held)

Company Name Address, Telephone #	Dates From - To	Position Held	Reason for Leaving	Name of Supervisor	Salary

References

Name:	Address & Telephone	Occupation	Relationship
1.			
2.			
3.			

Check all boxes for which you have experience:

Production Skills (All Production Positions)

- Tree climbing Stump grinder Chain saw Spraying Chipper
 Bucket truck Other

Do you have any other experience doing tree work? Yes No

If your answer is yes, please describe any additional training, experience and the total number of years Experience that you have: _____

Are you trained in tree trimming? Yes No

If your answer is yes, When? _____ By whom? _____

Do you have practical experience in tree trimming? Yes No

If your answer is yes, How long? _____ Where? _____

Vehicle accident record for past 3 years or more (attach sheet if more space is needed)

Driving positions only, do not disclose your own injuries.

Date	Nature Of Accident (Head-On, Rear-End, Etc)	Fatalities	Injuries To Others
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions for the past 3 years (other than parking violations)-Driving Positions Only

Conviction	Date	Charge	Penalty

(Attach sheet if more space is needed)

Federal DOT regulations require checks on all drivers

1. Do you hold a valid driver's license?
If so, license # _____ State _____ Class _____
2. Are you able to drive a standard shift? _____
3. Do you have reliable transportation to and from work? _____
4. Position desired? _____
5. Salary requirements, if any? _____
6. How did you hear about job? _____
7. Were you referred by a employee? _____
If so, by whom? _____
8. Date available to start work? _____
9. Activities/Hobbies? _____

Ability to Perform Essential Functions of the Job (All Production Positions): All production positions are physically demanding. Entry-level Employees in these positions are expected, within a reasonable time after they commence employment, to be able to do tree work. This work may include climbing trees and removing tree limbs using various hand and power tools on a continuous basis during an eight to ten hour shift; removing and disposing of tree limbs using various mechanized tools, which can require lifting and carrying from 50- to 100-pound loads. Most entry-level employees may also be required to obtain state licenses to apply pesticides and engage in duties that require exposure to various chemicals and pesticides. Are you physically able to safely perform these job duties with or without a reasonable accommodation?

Yes No

Please Read Carefully
Application Verification and Acknowledgement

I certify that the information contained in the application is correct to the best of my knowledge and understand that falsification of this information may result in refusal to hire or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, in the process of my being considered for employment by your company. I agree to conform to the guidelines of the company and acknowledge that these guidelines may be changed, interpreted, withdrawn, or added to by your company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without any prior notice at any time, at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to or after commencement of employment or make any agreement contrary to the foregoing unless in writing, signed by the president of the company. I acknowledge that I have been advised that this application will remain for no more than 90 days from the date it was made. I understand that any handbook or memorandum or other writing given to me shall not constitute express or implied contract of employment.

I understand and acknowledge that any offer of employment is expressly conditioned upon my completion of a pre-employment medical questionnaire, a review by the company's physicians of responses to that questionnaire and any other medical records that the company may wish to obtain, satisfactory completion of any medical examinations that may be required by the company, and a determination by the company that I am qualified to safely perform the job sought without a significant risk of future injury. I understand that the company will require pre-employment and random drug testing. I understand and consent to a background and motor vehicle record check. I further understand that even though this review process may take several weeks, any offer of employment remains conditional until it has been approved by the company's personnel officer.

Applicant's signature _____

Date _____