



APPLICATION FOR EMPLOYMENT

Date: _____

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

GENERAL

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Phone Number: _____ or _____

Social Security Number: _____

Are you over the age of 18? (If you are hired, you may be required to submit proof of age) Yes No

Have you ever been convicted of any law violation? Yes No

(Include any pleas of "guilty" or "no contest". Exclude minor traffic violations.)

If yes, give details

(A conviction will not necessarily disqualify an applicant for employment.)

For field positions ONLY: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years Yes No

We are a DRUG FREE company. Are you willing to submit to drug testing? Yes No

Are you willing to work overtime as required? Yes No

EDUCATION

	<u>Name, City, State</u>	<u>Did You Graduate?</u>		<u>Degree</u>
High School or GED:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College or University:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vocational or Technical:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What skills or additional training do you have that relate to the job for which you are applying?				

WORK HISTORY

Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr) From: _____ To: _____	
City, State		Pay: Start \$ _____ Final \$ _____	
Supervisor(s)	Telephone	Reason for Leaving	
Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr) From: _____ To: _____	
City, State		Pay: Start \$ _____ Final \$ _____	
Supervisor(s)	Telephone	Reason for Leaving	

May we contact your employer?..... Yes No

If you are applying for a field position as an arborist/tree trimming crew member, please indicate by circling those activities in which you are capable of completing.

Climb trees?	Yes	No	Use a chain saw?	Yes	No
Lift heavy objects of 75 pounds or more?	Yes	No	Use earplugs?	Yes	No
Bend to lift objects from ground?	Yes	No	Wear safety glasses?	Yes	No
Hear verbal instructions from a distance?	Yes	No	Wear a hard hat?	Yes	No
Carry heavy equipment of 75 or more pounds, such as: heavy ropes, ladders, gasoline or chemical containers?	Yes	No	Work outdoors in all seasons & in isolated areas?	Yes	No
Use spray chemicals?	Yes	No	Put on personal protective clothing as required?	Yes	No
Pour gasoline in equipment?	Yes	No	Throw ropes?	Yes	No
Drive a vehicle?	Yes	No	Ride in vehicles?	Yes	No
Spend hours standing?	Yes	No	Lift brush and feed it into a chipper machine?	Yes	No

Please explain any "NO" answers:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen, as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statement by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understood and my signature consents to these statements.

Signature: _____ Date: _____