

**EMPLOYMENT
APPLICATION
& PERSONNEL
RECORD FORM**

EEO EMPLOYER

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Home Office Use

Clock No.

Organization Code

Name: _____
First Middle Last

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

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

Are you 18 years old or older? Yes No

IN CASE OF EMERGENCY, CONTACT:

Name: Telephone:

Name: Telephone:

EDUCATION

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)*

<i>Company Name Address/ Phone Number</i>	<i>Dates From - To</i>	<i>Position Held</i>	<i>Reason for Leaving</i>	<i>Name of Supervisor</i>
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1. _____

2. _____

3. _____

REFERENCES

Name:

Address & Telephone

Occupation

Relationship

1. _____

2. _____

3. _____



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ADMINISTRATIVE OFFICE POSITIONS ONLY

Calculator Data Entry Multi-Line Phone System – Number of lines _____
 Typing _____ WPM Copy Machine Customer Service Call Handling
Computer Skills Please List Hardware & Software: _____

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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 _____

Are you trained in line clearance tree trimming? Yes No

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

Do you have practical experience in line clearance tree trimming? Yes No

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

DRIVING SKILLS *(Driving Positions only, must be 21 years of age or older)*

Commercial Driver's License: Yes No _____ / _____
State Number

Automatic transmission Two-speed rear axle Truck and chipper
 Manual multi-speed Trans. 1-ton truck Bucket truck 2-ton truck

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

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, attach statement giving details.



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 includes 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

APPLICATION VERIFICATION AND ACKNOWLEDGEMENT *Please Read Carefully*

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 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 _____

APPLICANT: DO NOT WRITE ON THIS PAGE

Interviewer's Comments: _____

**TO BE COMPLETED BY CREW LEADER/
SUPERVISOR, ONLY AFTER EMPLOYEE IS HIRED,**

Organization Code: _____/_____/_____ Starting Date: _____

Occupation Code/Description: _____

Rate of Pay per hr/wk: _____ Date of Birth _____

Sex: M F

Race: White Black Hispanic Asian American Indian

Comments: _____

Federal law forbids discrimination based on age, sex, race, religion, national origin, physical or mental handicap or disability. This information is obtained solely for federal statistical reporting requirements. Obtain date of birth from employee and circle employee's race and sex from visual observation.

Crew Leader's or Supervisor's Signature

Date

