

**EMPLOYMENT
APPLICATION
& PERSONNEL
RECORD FORM**

EEO EMPLOYER

Page 1

Home Office Use

Clock No.

Organization Code

CONTACT

Name: _____
First Middle Last

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

Phone Number: _____
Home: Cell:

Email: _____

EDUCATION

School Name & Address

Years Completed/Degree Earned

Primary: _____

Vocational/Technical: _____

College: _____

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

1. _____
Company Name & Address Job Title Dates (From-To)

Reason For Leaving Supervisor's Name Supervisor's Number

2. _____
Company Name & Address Job Title Dates (From-To)

Reason For Leaving Supervisor's Name Supervisor's Number

3. _____
Company Name & Address Job Title Dates (From-To)

Reason For Leaving Supervisor's Name Supervisor's Number

TECHNICAL FIELD SKILLS

(check all that apply):

- Production Climbing
- Plant Health Care Operations
- Professional Chain Saw Operations
- Technical Tree Removals
- Chipper Operations
- Bucket Truck Operations
- Cabling
- Fine Tree Pruning

Other *Please provide additional relevant technical skills below:*

PROFESSIONAL STRENGTHS

(check all that apply):

- Exceptional Customer Service
- Computer Proficient
- Excellent Communication Skills
- Time & Organizational Management
- Detail Orientated
- Multitasking



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Page 2

Do you have any other experience in tree care/arboriculture? Yes No
If yes, please provide a brief explanation: _____

Do you have any experience and/or training in line clearance tree trimming? Yes No
If your answer is yes, please answer where, when, for how long, by whom and whether any certifications were received below: _____

Are you 21 years or older? Yes No

DRIVING SKILLS (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Automatic transmission | <input type="checkbox"/> Manual Multi-Speed Transmission |
| <input type="checkbox"/> Two-speed rear axle | <input type="checkbox"/> 1 Ton Truck |
| <input type="checkbox"/> Equipment in Tow | <input type="checkbox"/> Bucket Truck |

Valid Class C Driver's License: Yes No

Valid Class A or B Driver's License: Yes No

VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE:

Enter the Date, Nature of Accident (Head-on, Rear-end, etc), Fatalities, Injury to others (do NOT disclose your own injuries):

Last Accident: _____

Next Previous Accident: _____

Next Previous Accident: _____

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS: (other than parking violations)

Driving Positions Only. Federal DOT regulations require checks on all drivers.

Conviction, Date, Charge, Penalty: _____

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

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

If the answer to either A or B is yes, enter a BRIEF 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 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. Some 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 _____

*Please mail completed application to:
WellTree Inc
3 MacMillan Drive
Brunswick ME 04011*



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

