



Instructions: It is the policy of the company to provide equal opportunity to all terms and conditions of employment. The company complies with federal and state law, prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic . Answer each question, read and sign page 3.

Position Applied For:

Name:

Address:

Phone Number:

Are you under the age of 18? Yes No

Do you have a valid Driver's License? Yes No License #: Expires:

Are you a U.S. citizen? Yes No *You will be required as part of the application process to provide any employment eligibility verification mandated by the federal government.*

List Special Training or Skills:

Educational Background

High School

Name of school: Location:

Course of study: Did you graduate? Yes No Years Completed:

Vocational/Technical School

Name of school: Location:

Course of study: Did you graduate? Yes No Years Completed:

College/University

Name of school: Location:

Course of study: Did you graduate? Yes No Years Completed:

Other Post High School Courses Completed:



Employment Experience

Place an [X] by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer:

Address:

Phone:

Job Title:

Supervisor:

Dates employed: from (mm/yy): _____ to (mm/yy): _____ Hourly rate/salary: starting: _____ final: _____

Worked Performed:

Reason for Leaving:

2. Employer:

Address:

Phone:

Job Title:

Supervisor:

Dates employed: from (mm/yy): _____ to (mm/yy): _____ Hourly rate/salary: starting: _____ final: _____

Worked Performed:

Reason for Leaving:

3. Employer:

Address:

Phone:

Job Title:

Supervisor:

Dates employed: from (mm/yy): _____ to (mm/yy): _____ Hourly rate/salary: starting: _____ final: _____

Worked Performed:

Reason for Leaving:

** Add more sheets for additional employers.



Existing General Health Questions

As you are applying for a field position as an arborist/tree trimming crew member, please state whether or not you can perform the following essential functions of the job, with or without reasonable accommodations.

	Yes	No	List the reasonable accommodation you would require
1. Climb trees?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Lift heavy objects of 50# or more?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Bend to lift objects from the ground?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hear verbal instructions from a distance?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lift brush and feed it into a chipper machine?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Use spray herbicides?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Pour gasoline into equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Drive a vehicle while towing a trailer?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Use a chain saw?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Use ear plugs?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Wear safety glasses?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Wear a hard hat?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Work outdoors in all types of weather and in isolated areas?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Put on Personal Protective Clothing as required?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Carry heavy equipment of 50# or more such as heavy ropes, gasoline or herbicide containers?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Throw ropes?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Spend hours standing?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Walking on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Can you drive a manual transmission?	<input type="checkbox"/>	<input type="checkbox"/>	

ICERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I UNDERSTAND THAT THESE RULES AND OR THE EMPLOYEE HANDBOOK DO NOT FORM A CONTRACT OF EMPLOYMENT EITHER EXPRESSED OR IMPLIED, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature: _____

Date: _____