

Employment Application

An equal opportunity employer

PERSONAL INFORMATION

NAME	Last	First	Middle Initial	What kind of work are you applying for?
CURRENT MAILING ADDRESS	Street Address	Apt. No.		SOCIAL SECURITY NUMBER
CITY	STATE		ZIP	
PHONE (Day)	PHONE (Night)		ARE YOU 18 OR OLDER?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER LICENSE NUMBER	STATE	EXP. DATE		<i>PLEASE NOTE: Due to the nature of this company, driving records will be checked.</i>

Are you a U.S. citizen? Yes No If no, are you authorized to work in the United States? Yes No

Have you been convicted of a felony or misdemeanor within the last five years? Yes No

If yes, please describe:

I understand that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such test at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test. Yes No

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EDUCATION AND TRAINING INFORMATION

NAME AND LOCATION OF SCHOOL OR INSTITUTION	DATES ATTENDED*	DEGREE/ DIPLOMA RECEIVED	MAJOR FIELD
HIGH SCHOOL/GED			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
BUSINESS/TRADE SCHOOL			

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

OCCUPATIONAL LICENSES, REGISTRATIONS, CERTIFICATES (Include Commercial Driver's License)

LICENSE/ CERTIFICATE ISSUED BY	FIELD/ SPECIALIZATION	LICENSE/ CERTIFICATE NO.	ISSUE DATE	EXPIRATION DATE

SPECIAL SKILLS

Please list training, office machines you can operate, computer software and equipment knowledge that adds to your qualifications.

PLEASE PROVIDE THREE WORK-RELATED REFERENCES WE HAVE YOUR PERMISSION TO CONTACT

NAME	COMPANY	OCCUPATION	YRS KNOWN	PHONE

EXPERIENCE

JOB TITLE	EMPLOYMENT DATES FROM: TO:	STARTING SALARY:	FINAL SALARY:
EMPLOYER	SUPERVISOR'S NAME AND TITLE		
BUSINESS ADDRESS		TELEPHONE NO.	
AVERAGE WEEKLY HOURS	REASON FOR LEAVING		

Describe your job duties in detail. Attach additional pages as needed.

JOB TITLE	EMPLOYMENT DATES FROM: TO:	STARTING SALARY:	FINAL SALARY:
EMPLOYER	SUPERVISOR'S NAME AND TITLE		
BUSINESS ADDRESS		TELEPHONE NO.	
AVERAGE WEEKLY HOURS	REASON FOR LEAVING		

Describe your job duties in detail. Attach additional pages as needed.

JOB TITLE	EMPLOYMENT DATES FROM: TO:	STARTING SALARY:	FINAL SALARY:
EMPLOYER	SUPERVISOR'S NAME AND TITLE		
BUSINESS ADDRESS		TELEPHONE NO.	
AVERAGE WEEKLY HOURS	REASON FOR LEAVING		

Describe your job duties in detail. Attach additional pages as needed.

Do you have any limitations to the following tasks commonly performed in this field of employment?

	Yes	No		Yes	No
1. Climbing trees	<input type="checkbox"/>	<input type="checkbox"/>	10. Using ear plugs	<input type="checkbox"/>	<input type="checkbox"/>
2. Lifting heavy objects	<input type="checkbox"/>	<input type="checkbox"/>	11. Wearing safety glasses	<input type="checkbox"/>	<input type="checkbox"/>
3. Bending to lift objects from ground	<input type="checkbox"/>	<input type="checkbox"/>	12. Wearing a hard hat	<input type="checkbox"/>	<input type="checkbox"/>
4. Hearing verbal instructions from a distance	<input type="checkbox"/>	<input type="checkbox"/>	13. Working outdoors in all seasons in isolated areas	<input type="checkbox"/>	<input type="checkbox"/>
5. Lifting brush and feeding it into a tree chipper	<input type="checkbox"/>	<input type="checkbox"/>	14. Putting on personal protective clothing as required	<input type="checkbox"/>	<input type="checkbox"/>
6. Using spray chemicals	<input type="checkbox"/>	<input type="checkbox"/>	15. Carrying heavy equipment, such as ropes or ladders	<input type="checkbox"/>	<input type="checkbox"/>
7. Pouring gasoline into equipment	<input type="checkbox"/>	<input type="checkbox"/>	16. Throwing ropes	<input type="checkbox"/>	<input type="checkbox"/>
8. Driving a vehicle	<input type="checkbox"/>	<input type="checkbox"/>	17. Riding in vehicles	<input type="checkbox"/>	<input type="checkbox"/>
9. Using a chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	18. Spending hours standing	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION

By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsifications or misrepresentations. I understand that intentional falsifications or misrepresentations will disqualify me from consideration for employment or, if hired, will be grounds for termination. I understand that I will be required to pass a physical examination, including a drug test, before a final offer of employment is made.

Signature

Date