



**EMPLOYMENT HISTORY**

Company	Dates From-To	Position Held	Reason for Leaving	Name of Supervisor

**REFERENCES**

Company Name Address/Phone	Address Phone Number	Occupation	Relationship

**EXPERIENCE**

Check all boxes for which you have experience:

***Production Skills - All Production Positions***

Tree Climbing      Stump Grinder      Chain Saw

Chipper      Bucket Truck      Groundsman

General Construction      Equipment Operator      Project Management

Do you have any other experience doing tree work?      Yes      No

List any certifications, training, experience and total number of years:



**Federal DOT regulations require checks on all drivers**

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes      No

Has any license, permit or privilege ever been suspended or revoked?

Yes      No

If you answered either question with a yes, give details.

Would you be willing to submit to a drug test?

Yes      No

Have you ever been convicted of a felony?

Yes      No

Have you ever been convicted of a misdemeanor?

Yes      No

If you answered either question with a yes, give 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

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.

**Please Read Carefully**

**Application Verification and Acknowledgment**

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: \_\_\_\_\_