



**AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT**

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.  
 (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR:

DATE OF APPLICATION:

PERSONAL DATA		
FULL NAME:		SOCIAL SECURITY NUMBER:
PRESENT ADDRESS:	HOW LONG:	HOME TELEPHONE #:
IF NO PHONE, HOW MAY WE CONTACT YOU?:		Email Address:
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? [    ] YES [    ] NO		
IF YES, NAME OF RELATIVE:		
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE?		
[    ] YES [    ] NO		
IF YES, WHERE? APPROXIMATE DATE: MO/YR.:		
HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE?		
[    ] YES [    ] NO		
IF YES, WHERE? APPROXIMATE DATE: MO/YR.:		
HOW WERE YOU REFERRED:		

GENERAL INFORMATION	
ARE YOU 18 YEARS OLD OR OLDER? [    ] YES [    ] NO	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? [    ] YES [    ] NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [    ] YES [    ] NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)? [    ] YES [    ] NO (A CONVICTION DOES NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT)	
IF YES, LIST CONVICTIONS (INCLUDE STATE, CITY, COUNTY AND YEAR CONVICTION OCCURRED):	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [    ] YES [    ] NO	
IF YES, PLEASE EXPLAIN:	

## WORK HISTORY

**LIST THREE MOST RECENT POSITIONS HELD (STARTING WITH LAST POSITION HELD)**

NAME OF PRESENT  
OR LAST EMPLOYER:

ADDRESS:

STARTING DATE:	ENDING DATE:	JOB TITLE:
STARTING SALARY:	ENDING SALARY:	MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
NAME OF SUPERVISOR:	TITLE:	PHONE:
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

NAME OF PREVIOUS EMPLOYER:

ADDRESS:

STARTING DATE:	ENDING DATE:	JOB TITLE:
STARTING SALARY :	ENDING SALARY:	MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
NAME OF SUPERVISOR:	TITLE:	PHONE:
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

NAME OF PREVIOUS EMPLOYER:

ADDRESS:

STARTING DATE:	ENDING DATE:	JOB TITLE:
STARTING SALARY:	ENDING SALARY:	MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
NAME OF SUPERVISOR:	TITLE:	PHONE:
DESCRIPTION OF WORK:		
REASON FOR LEAVING:		

## EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	TYPE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				[ ] YES [ ] NO	
COLLEGE				[ ] YES [ ] NO	
COLLEGE				[ ] YES [ ] NO	
GRADUATE SCHOOL				[ ] YES [ ] NO	
BUSINESS, TRADE OTHER				[ ] YES [ ] NO	

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

**CHECK ALL BOXES FOR WHICH YOU HAVE EXPERIENCE:**

**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 OF EXPERIENCE THAT YOU HAVE:

ARE YOU TRAINED IN LINE CLEARANCE TREE TRIMMING? [ ] YES [ ] NO IF 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 25 YEARS OF AGE OR OLDER)**

COMMERCIAL DRIVER'S LICENSE: [ ] YES [ ] NO \_\_\_\_\_ (STATE) \_\_\_\_\_ (NUMBER)

*CHECK ALL THOSE THAT YOU HAVE EXPERIENCE OPERATING*

[ ] AUTOMATIC TRANSMISSION [ ] TWO-SPEED REAR AXLE [ ] TRUCK AND CHIPPER [ ] 1-TON TRUCK  
 [ ] MANUAL MULTI-SPEED TRANS. [ ] BUCKET TRUCK [ ] 2-TON TRUCK [ ] LOG TRUCK  
 [ ] KNUCKLE BOOM

**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 CHECK 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 OR 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 REASONABLE ACCOMMODATIONS? [    ] YES [    ] NO

**REFERENCES**

NAME	ADDRESS & TELEPHONE	OCCUPATION	RELATIONSHIP

**NOTIFICATION AND AGREEMENT**

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

I authorize without liability investigation of all statements and information contained in this application.

I authorized all schools which I attended and all previous employers to furnish to J & D Tree Pros, Inc. my record, reason for leaving and all information they may have concerning me and I hereby release them and J & D from all liability for any damage whatsoever arising there from.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the owners or designated representative, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. In this electronic application my typed signature below will serve as my official signature for this document.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_