





**DRIVING INFORMATION**

Do you have a valid driver’s license? Yes  No  Commercial Driver’s License (CDL)? Yes  No

*Circle all those you have experience operating:*

- |                        |                   |                  |              |
|------------------------|-------------------|------------------|--------------|
| Automatic Transmission | 2-Speed Rear Axle | 1-Ton Truck      | 2-Ton Truck  |
| Manual Transmission    | Truck & Chipper   | Pickup & Trailer | Bucket Truck |

Have you had any accidents in the past 3 years? Yes  No  If Yes, how many? \_\_\_\_\_

1. Date of most recent accident: \_\_\_\_\_ Fatalities? Yes  No  Injuries? Yes  No

Nature of accident (head-on collision, rear-end, etc.) \_\_\_\_\_

2. Previous accident: \_\_\_\_\_ Fatalities? Yes  No  Injuries? Yes  No

Nature of accident (head-on collision, rear-end, etc.) \_\_\_\_\_

3. Previous accident: \_\_\_\_\_ Fatalities? Yes  No  Injuries? Yes  No

Nature of accident (head-on collision, rear-end, etc.) \_\_\_\_\_

Have you had any moving violations during the past three years? Yes  No  If Yes, how many? \_\_\_\_\_

Conviction: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Conviction: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Conviction: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

**Federal DOT regulations require checks 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 is yes to either of A or B. Please explain statement with details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**WORK EXPERIENCE**

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

**1) Company:** \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for leaving (be specific)? \_\_\_\_\_

List Job Duties: \_\_\_\_\_

**2) Company:** \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for leaving (be specific)? \_\_\_\_\_

List Job Duties: \_\_\_\_\_

**3) Company:** \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for leaving (be specific)? \_\_\_\_\_

List job duties: \_\_\_\_\_





List the jobs you held, duties performed, skills used or learned, advancements or promotions achieved during your work experience that you feel will benefit the position applying for:

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**For Production Positions:** *Please circle all those that you have experience operating*

Tree Climbing      Stump Grinder      Chain Saw      Spraying      Chipper

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

If Yes, please describe any additional training, experience, and total number of years' experience:

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Are you trained in line clearance tree trimming? Yes  No

If Yes, When: \_\_\_\_\_ Certification: \_\_\_\_\_ By whom: \_\_\_\_\_

Do you have practical experience in line clearance tree trimming? Yes  No

If Yes, How Long? \_\_\_\_\_ Where? \_\_\_\_\_

**Administrative Office Position Only:** *Please circle for which you have experience*

Calculator      Data Entry      Multi-Line Phones      Fax & Copier      MS Office

Typing Skills (WPM): \_\_\_\_\_ Windows OS:  Beginner  Proficient  Expert

List any additional skills, certifications, programs (hardware and/or software):

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**EDUCATION**

**School Name:** \_\_\_\_\_ Highest level completed \_\_\_\_\_

**Address/Location:** \_\_\_\_\_

**Years attended:** \_\_\_\_\_ **Degree/Major:** \_\_\_\_\_ **Completed? Yes  No**





**Certifications:** Please list all that applies (include dates)

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**Military**

Have you ever been in the Armed Forces? Yes  No  If Yes, are you still active duty? Yes  No

If No, please circle the following: Retired Honorable Discharge Other: \_\_\_\_\_

Specific job duties:

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**Professional References**

**1) Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**3) Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Is there any reason that you are unable to perform the duties that are required of you for this position? Yes  No

If Yes, please explain:

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**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 continued basis during an 8-10 hour shift; removing and disposing of tree limbs using various mechanized tools, which can require lifting and carrying 50-100 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

**Please Read Carefully**

**Application Verification and Acknowledgement**

I certify that the information contained in this 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 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 to request and receive information, 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, 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 physician 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 by 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.

I understand that I will have a 90 day probation period ending with a review prior to any employee benefits being provided.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**First Choice**  
**TREE SERVICE, INC.**  
A Full Service Tree Care Company

*“Always Your BEST Choice”*

**FOR OFFICE USE ONLY:**

Interviewer's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewer(s): \_\_\_\_\_ Date: \_\_\_\_\_

**After 90 Day Probation**

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

