



**PLEASE NOTE (Please Print Neatly):** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. **PRE AND POST DRUG SCREENING IS REQUIRED.**

### EMPLOYMENT APPLICATION

#### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street City State & Zip*

E-Mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Are you at least 18 yrs. old? Yes  No  Alt. Contact: \_\_\_\_\_

#### POSITION

Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_

Can you work nights? \_\_\_\_\_ When can you start? \_\_\_\_\_

#### ADDITIONAL INFORMATION

Have you ever been employed by this organization in the past? Yes  No

If yes, what was your last date of hire? \_\_\_\_\_

Are you a U.S. citizen, permanent resident, or foreign national authorized to work in the U.S.? Yes  No

Have you ever been convicted of, or entered a plea of guilty, no contest or had a withheld judgement to a felony? Yes  No

If yes, please explain: \_\_\_\_\_



## DRIVING INFORMATION

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

*Check 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:

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## 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: \_\_\_\_\_



NV Contractors Lic. #0067759 | \$4,500,000.00 Limit

CA Contractors Lic. #1037744 | NV Pest Control Lic. #6747

P.O. Box 98295 Las Vegas, NV 89193-8295 | Office: 702.564.1998 Fax: 702.818.5464

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 check 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 check 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 check 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: \_\_\_\_\_



**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, 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: \_\_\_\_\_



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