Employment Application

Applicant Information

Applicant Name _____

Home Phone _____

Other _____

Email Address _____

Current Address:

Number and street _____

City _____

State & Zip _____

How did you hear about our company?

_____

Employment Positions

Position(s) applying for:_____

If hired, on what date can you start working? ___ / ___ / ___

Can you work on the weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

Are you available to work overtime? [ ] Y or [ ] N

Salary desired: $_____

Personal Information:

Have you ever applied to / worked for Company before? [ ] Y or [ ] N
If yes, please explain (include date): _____

If hired, would you have transportation to/from work?   [ ] Y or [ ] N

Do you have a valid driver's license?   [ ] Y or [ ] N

Do you have a medical card?   [ ] Y or [ ] N

Do you have a CDL?   [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?   [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying?

If no, describe the functions that cannot be performed

_____
_____
_____
_____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and

disposition of the

case._____
_____
_____
_____

Have you ever filed for worker's compensation. If yes, please describe the claim.

_____
_____
_____
_____
_____
_____

Work Experience:

Which of the following equipment can you operate?

- Chainsaw   [ ] Y or [ ] N

- Bucket Truck   [ ] Y or [ ] N

- Stump Grinder   [ ] Y or [ ] N

- Skid steer   [ ] Y or [ ] N

- Bobcat   [ ] Y or [ ] N

- Manual Transmission Truck   [ ] Y or [ ] N

- CDL Truck w/ Airbrakes   [ ] Y or [ ] N

- Sawmill   [ ] Y or [ ] N

- Logsplitter   [ ] Y or [ ] N

_____

Please list specific work experience.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please complete the following form to determine if our insurance company will insure you as a driver.

Commercial Auto
Motor Vehicle Record Introduction Letter and Consent (MVR)

One of the most costly and potentially devastating types of loss exposures associated with our day-to-day operations is vehicle accidents. In addition to the potential tragedy of human loss, we are also faced with claim costs that could adversely affect all of our departments, as well as the company as a whole.

As a responsible employer and to help prevent and reduce the impact of vehicle accidents, Sunshine Tree Service requests that each employee who may drive a company vehicle or a personal vehicle for company business have a good driving record. Consistent with this responsibility, Sunshine Tree requires that a Motor Vehicle Record (MVR) be obtained and reviewed on all applicants prior to hiring and on existing employees annually, as a condition of employment. Guidelines have been developed to determine acceptability of MVR's based on a point system and seriousness of the violations involved.

Please complete the information below and provide the necessary information so that an MVR can be ordered on you as an employee. Also, please sign and date the consent part of this form.

I hereby release Sunshine Tree Service from any and all liability arising from the release of the information discovered from my driving reports on those individuals indentified as an authorized operator of my company vehicle.

License Number _____

Issuing State _____

Date of Birth _____

By signing below, I acknowledge that you may obtain information relating to my driving record.

Employee Name (Print last, first, and middle _____

Employee Signature _____

Date _____

Emergency Contact Information:

(1) Contact

Name _____

Phone _____

Other _____

(2) Contact

Name _____

Phone _____

Other _____

References:

Please list (3) references.

Name_____

Street Address _____

City _____

State & Zip _____

Name_____

Street Address _____

City _____

State & Zip _____

Name_____

Street Address _____

City _____

State & Zip _____

Thank you for your interest in Sunshine Tree Service.