

# EMPLOYMENT APPLICATION & PERSONNEL RECORD FORM

## EEO EMPLOYER

Home Office Use Only

Clock No. _____
Organization Code _____



### Background

Name: \_\_\_\_\_  

First
Middle
Last

Address: \_\_\_\_\_  

Street/RFD/Box
City/Town
State
Zip Code

Social Security No. \_\_\_\_ - \_\_\_\_ / \_\_\_\_ - \_\_\_\_ Home Telephone No. (\_\_\_\_) \_\_\_\_\_

Are you 18 years old or older?  Yes  No

In case of emergency, contact: \_\_\_\_\_  

Name
Telephone
  
 \_\_\_\_\_  

Name
Telephone

### Education

Name and Address	Last Grade Completed	Degree Earned
Primary Education (Elementary/High School)		
Vocational/Technical		
College/University		

### Employment History

List Three Most Recent Positions Held (starting with last position held)

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

### References

Name	Address & Telephone	Occupation	Relationship
1.			
2.			
3.			

Check all boxes for which you have experience:

**Administrative Office Positions Only**

- Dictaphone     Calculator     Microfiche     Microfilm     Data Entry  
 Typing \_\_\_\_\_ WPM     Steno \_\_\_\_\_ WPM  
 Copy Machine     Switchboard - Type of Switchboard \_\_\_\_\_  
 Other \_\_\_\_\_

Computer Skills Please List Hardware & Software: \_\_\_\_\_

**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 and experience and the total number of years experience that you have: \_\_\_\_\_

Are you trained in line clearance tree trimming?     Yes     No  
 If your answer is 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 21 years of age or older)**

Commercial Driver's License:     Yes     No    \_\_\_\_\_ / \_\_\_\_\_

Check all those that you have experience operating.

- Automatic transmission     Two-speed rear axle     Truck and chipper  
 Manual multi-speed trans.     1-ton truck     Bucket truck     2-ton truck

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 checks on all drivers**