



Employment Application

Position Applied for _____

Application Date _____

PERSONAL INFORMATION

Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip

Home phone #: _____ Alternate #: _____

Social Security Number: _____

Are you available to work: Full time Part-time If part time, what days/hours are you available? _____

If you are under 18 years of age, can you provide required proof of work eligibility? Yes No I'm over 18

Have you ever worked or submitted an application with our company before? Yes No If yes, when _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you eligible to work in the United States? (Proof of eligibility will be required upon employment) Yes No

Have you ever been convicted of a crime, excluding misdemeanors? (If yes, attach explanation.) Yes No

Do you have a reliable means of transportation? Yes No

Have you ever been discharged from any employment or been asked to resign?

(If yes, attach explanation.) Yes No

Employment (Start with most recent employment and work backwards)

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
Describe work performed	

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
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Supervisor's Name & Title	
Employment Start Date	Employment End Date
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Education

Name of School	Address of School	Grade Completed or Degree(s)	Subjects Studied

Certifications/Licenses

Certified Arborist	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Certified Tree Safety Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Tree Risk Assessment Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Board Certified Master Arborist	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Other Licenses	Describe:	State & License #

Software (Check all that apply)

Software	Skill Level	Version
Microsoft Word	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Excel	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft PowerPoint	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Outlook	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____

References (Please include at least two business and one personal references.)

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Additional Experience or Qualifications

List any other experience, skills or qualifications that you believe should be considered in evaluating your qualifications for employment.

Notification and Agreement (Please read before signing)

It is Godspeed Tree Service, Inc.'s policy to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or sexual orientation, individuals with a disability, or any other characteristic protected by applicable Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release Godspeed Tree Service, Inc. from all liability that might result from making an investigation

If employed, I agree to not engage in any outside activity that would involve a material conflict of interest with, or could reflect adversely on Godspeed Tree Service, Inc. I understand that Godspeed Tree Service, Inc. retains the right to solely decide when such conflict exists.

If employed, I agree to hold in strictest confidence any information concerning Godspeed Tree Service, Inc., its customers, and its vendors that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of Godspeed Tree Service, Inc., and understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either Godspeed Tree Service, Inc. or myself. I understand that no representative **of** Godspeed Tree Service, Inc., other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this employment application does not guarantee that I have been employed by Godspeed Tree Service, Inc.

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.

Signed _____ Date _____