PERSONNEL RECORD FORM



Check all boxes for which you have experience:

Home Office Use

Clock No	
Organization Code	

Name:	First						
Address:	7	Middle	0		Last		
	Street/RFD/Box	City/Town		5	State	Zip Code	
Social Secur Are you 18 y	ity No/_ears old or older?	Yes No		Telepho	one No. ()_		
I case of eme	ergency, contact:	TO THE STATE OF TH		***************************************			
	N	Name:			Telephone:		
		Name:			Telephone:		
-	2			1			
Name	and Address	Last G Comp			Degree Earned		
Primary Edi	ucation (Elementary/H	ligh					
Vocational	Technical						
College/Un	iversity						
	List Three	Employment H e Most Recent Positions		ting wit	th last position hel	d)	
Company Address To		Dates From – TO	Positi Held		Reason for Leaving	Name of Supervisor	
		Reference	<u> </u>				
Name:		Address & Tele	Address & Telephone		cupation	Relationship	
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2.		-				10.0	
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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, 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?		W	here?	
Driving Skills (Driving Positions Only, must be 21 years of age or older) Commercial Driver's License: Yes No / State Number Check all those that you have experience operating. State Number 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 Acciden		Fatalities		Injuries To Others
Last Accident	(Head-On, Rear-End	i, Eic)			10 Others
Next Previous					
Next Previous					
Traffic Convictions for the past 3 years (other than parking violations)-Driving Positions Only					
Conviction	Date	Charge		Pe	enalty

(Attach sheet if more space is needed)

Federal DOT regulations require checks on all drivers

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, pem3it or privilege ever been suspended or revoked? Yes No Yes No If the answer to either A or B is yes, attach statement giving details.
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 continuous basis during an eight to ten hour shift; removing and disposing of tree limbs using various mechanized tools, which can require lifting and carrying from 50- to 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? Please Read Carefully Application Verification and Acknowledgement
I certify that the information contained in the 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 of the 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. 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 may be terminated, and any offer of 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 physicians 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 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.
Applicant's signature

Applicant: DO NOT WRITE ON THIS PAGE

Interviewer's Comments:	
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and the state of t	
To be completed by crew leader/supervisor, only a	fter employee is hired.
Organization Code:/Start Occupation Code/Description:	ting Date:
Rate of Pay per hr/wk: Date	e of Birth
Sex: M F	
Race: White Black Hispanic	Asian
Comments:	
Commonto.	
Federal law forbids discrimination based on age, sex, race, relig or disability. This information is obtained solely for federal sta	
of birth from employee and circle employee's race and sex from	
Crew Leader's or Supervisor's Signature	Date