

EVERGREEN TREE CARE, INC.

Application For Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/ or interview process should notify a representative of the organization.

(PLEASE PRINT)

| | | | |
|---------------------------|----------------------------------|--|--|
| POSITION APPLIED FOR | | DATE OF APPLICATION | |
| HOW DID YOU HEAR ABOUT US | | <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> WALK IN <input type="checkbox"/> EMPLOYMENT AGENCY | <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER |
| LAST NAME | MIDDLE NAME | FIRST NAME | |
| ADDRESS | | APT NUMBER | |
| ZIP CODE | CITY | STATE | |
| TELEPHONE NUMBERS | | EMAIL ADDRESS | |
| DRIVER'S LICENSE NUMBER | License Expires/ State of Issue: | SOCIAL SECURITY NUMBER | |
| | | | |

- ▶ If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- ▶ Have you ever filed an application with us before? Yes No If yes, give date _____
- ▶ Have you ever been employed with us before? Yes No If yes, give date _____
- ▶ Are you currently employed? Yes No
- ▶ May we contact your present employer? Yes No
- ▶ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No
- ▶ On what date would you be available for work? _____ F/T P/T Shift Temporary
- ▶ Are you currently on "lay-off" status and subject to recall? Yes No
- ▶ Can you travel if a job requires it? Yes No
- ▶ Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

▶ Wage/Salary Desired _____

EDUCATION

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Other (Specify) | | | | |

RELATIVE LIVING NEAREST TO YOU

RELATION

PHONE NUMBER

ADDRESS

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT RECORD

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|---------------------|------------|--------------------|-------|----------------|
| Employer 1 | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| Position Held | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |
| Employer 2 | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| Position Held | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |
| Employer 3 | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| Position Held | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Office Skills (Please check off skills by their applicable level of proficiency):

| | | | | |
|-------------------|--------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| Typing | <input type="checkbox"/> Under 25WPM | <input type="checkbox"/> 25-35WPM | <input type="checkbox"/> 35-45WPM | <input type="checkbox"/> 45+WPM |
| MS Windows | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| MS Word | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| MS Excel | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| MS | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| 10-Key | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Internet | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Email | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Act! | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| QuickBooks | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Multi-line Phones | <input type="checkbox"/> None | <input type="checkbox"/> Poor | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Other (list): _____

State any additional information you feel may be helpful to us in considering your application.

| | NAME | ADDRESS | PHONE NUMBER |
|------------|------|---------|--------------|
| REFERENCES | | | |
| | | | |
| | | | |

Employment Screening, Applicant's Statement and Signature

I the undersigned applicant hereby authorize **Evergreen Tree Care, Inc.** to obtain an investigative consumer report, directly or by use of ACRAAnet CBS Branch services, for employment purposes at this time or anytime during the applicant's tenure with employer. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. I acknowledge I am here informed of my right to request within a reasonable period of time after receiving this notice a complete and accurate disclosure of the nature and scope of the investigation requested. Such request will be mailed or otherwise delivered to me within five days from the date of my request for disclosure or such report was first requested by employer, whichever is the later.

I hereby authorize **Evergreen Tree Care, Inc.**, directly or by use of ACRAAnet CBS Branch services, to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions. I understand, also, that I am required to abide by all rules, policies, and regulations of the employer.

Applicant's Signature: _____ Date: _____

