



**ARBOR MD TREE CARE**

4564 Warden #101 Memphis TN 38122

901-604-0179

**EMPLOYMENT APPLICATION**

Arbor MD Tree Care is an Equal Opportunity Employer. This application will not be used for limiting or excluding any applicant from consideration or employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**APPLICANT INFORMATION**

*Please fill out all sections below*

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position applied for \_\_\_\_\_ Date Available \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, are you authorized to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever worked for this company? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

*(NOTE: No application will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**EDUCATION**

High School \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Degree \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Degree \_\_\_\_\_

## REFERENCES

Please list two professional references.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From To Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From To Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From To Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

**PRODUCTION SKILLS**

Tree Climbing Experience YES \_\_\_\_\_ NO \_\_\_\_\_ Climbing Equipment Owner YES \_\_\_\_\_ NO \_\_\_\_\_

Chipper Operation YES \_\_\_\_\_ NO \_\_\_\_\_ Ground Operations YES \_\_\_\_\_ NO \_\_\_\_\_

Stump Grinder Operation YES \_\_\_\_\_ NO \_\_\_\_\_ Spray Rig and Fertilization Techniques YES \_\_\_\_\_ NO \_\_\_\_\_

Chain Saw Operation YES \_\_\_\_\_ NO \_\_\_\_\_ Chain Saw Owner YES \_\_\_\_\_ NO \_\_\_\_\_

Other Tree Work Experience \_\_\_\_\_ Other \_\_\_\_\_

If you answered yes to any of the above please list total number years of experience and describe any additional training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: Arbor MD Tree Care complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**DRIVING EXPERIENCE**

Commercial Driver's License (CDL) YES \_\_\_\_\_ NO \_\_\_\_\_ Truck and Chipper YES \_\_\_\_\_ NO \_\_\_\_\_

Automatic Transmission YES \_\_\_\_\_ NO \_\_\_\_\_ Manual YES \_\_\_\_\_ NO \_\_\_\_\_

Multi-Speed Transmission YES \_\_\_\_\_ NO \_\_\_\_\_

Two Speed Rear Axle One Ton Truck YES \_\_\_\_\_ NO \_\_\_\_\_

Bucket Truck Two Ton Truck YES \_\_\_\_\_ NO \_\_\_\_\_

Other \_\_\_\_\_

DMV Driving Record (DRIVING POSITIONS ONLY – DO NOT DISCLOSE YOUR OWN INJURIES)

**VEHICLE ACCIDENT RECORD**

Date of Accident \_\_\_\_\_ Nature of Accident \_\_\_\_\_

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (DRIVING POSITIONS ONLY)

Conviction \_\_\_\_\_ Date \_\_\_\_\_ Charge \_\_\_\_\_ Penalty \_\_\_\_\_

*(NOTE: If considered for this position you will be required to provide your driver's license information.)*

**AT-WILL EMPLOYMENT**

The relationship between you and Arbor MD Tree Care is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without a reason with or without cause, with or without notice, by you or Arbor MD Tree Care. No representative of Arbor MD Tree Care has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and you acknowledge that no oral or written statements or representations regarding your employment alter your "at will" employment status, except for written statement signed by you and Executive Vice President/Chief Operations Officer or the Company's President.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_