

Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

LAST NAME

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	DATE OF BIRTH	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		NAME OF LAST SUPERVISOR
		NAME OF LAST SUPERVISOR AT THIS COMPANY
HOW DID YOU FIND OUT ABOUT THIS POSITION?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN
		<input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____
		<input type="checkbox"/> WEBSITE _____

FIRST

MIDDLE INITIAL

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

PROFESSIONAL EXPERIENCE, SPECIAL SKILLS, FOREIGN LANGUAGES, REFERENCES/PEOPLE YOU HAVE SPOKEN TO WITHIN THE COMPANY, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

Licenses/Certifications (please check all that apply):

- Hoisting License
- OSHA 10
- Active CPR/First Aid Card
- Hazardous Materials (HAZMAT) 40
- Hazardous Waste Operations (HAZWOPER)
- Arborist Certification: If yes, please list states: _____

Driver's License:

- Class D (Standard Driver's License) - Personal Transportation? YES NO
- CDL Class C
- CDL Class B
- CDL Class A

If CDL, check all endorsements that apply:

- H- Hazardous Materials
- N - Tank Vehicles
- T - Doubles/Triples
- X - HazMat and Tank Vehicles
- L - Air Brakes

Additional Licenses/Certifications:

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

In consideration for employment with Northern, if employed, I agree to conform to the rules, regulations, policies, and procedures of Northern Tree Service, Inc. and affiliates at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with Northern, should I accept, I may be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

DATE

SIGNATURE