



Mountain Tree Service Inc.

21 Egypt Rd., P.O. Box 501, Somers, CT 06071 / Office (860) 749-7365 • (413) 525-3916 • Fax (860) 749-4195

Employment Application & Personnel Record Form (EEO EMPLOYER)

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

"Working with people who care about trees"

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ARE YOU 18 YEARS OLD OR OLDER?

() YES

() NO

IN CASE OF EMERGENCY CONTACT:

Name	Phone
Name	Phone

CHECK ALL BOXES FOR WHICH YOU HAVE EXPERIENCE:Administrative Office Position Only:

- ☐ Calculator ☐ Data Entry ☐ Copy Machine
☐ Typing: WPM_____ ☐ Customer Service Call Handling ☐ Multi-Line Phone System—Number of lines_____

Computer Skills: Please list hardware & software you are familiar with: _____

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 you have.

Driving Skills (Driving Positions only, must be 21 years of age or older):

- Commercial Driver's License: ☐ YES ☐ NO State _____/Number _____
☐ Automatic Transmission ☐ Two-speed rear axle ☐ Truck & Chipper
☐ Manual multi-speed transmission ☐ One-ton truck ☐ Bucket Truck ☐ Two-ton truck

Vehicle accident record for past three years or more (attach sheet if more space is needed)**Driving positions only, do not disclose your own injuries.**

DATE	NATURE OF ACCIDENT (Head-On, Rear-End, Etc.)	FATALITIES	INJURIES TO OTHERS
Last Accident			
Next Previous			
Next Previous			

Traffic convictions for the past three years (Other than parking violations)—Driving Positions Only

CONVICTION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☐ NO

B. Has any license, permit or privilege ever been suspended or revoked? ☐ 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? ☐ YES ☐ NO

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 organization's referenced in this application of give you 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 or 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 or 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 _____ Date _____

OFFICE USE ONLY

Interviewer's Comments:

Crew Leader's or Supervisor's Signature

Date