



DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

**INSTRUCTIONS:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at Medek Tree Service, Inc. Keep this in mind as you complete it.

Please turn in a copy of your current driving record with this application.

**Special Note:** You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Medek Tree Service, Inc. does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.

**PERSONAL**

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

First M.I. Last

Street \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Digital Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

If younger than 21, state your age here \_\_\_\_\_ Are you legally entitled to work in the United States?  yes  no  
\*\*Compliance with I-9 requirements is mandatory, upon employment

If convicted of a crime(s), explain here: \_\_\_\_\_  No convictions (A criminal conviction may or may not prohibit you from employment here)

Do you currently hold a valid Virginia Drivers License? \_\_\_\_\_ Virginia Drivers License Number: \_\_\_\_\_  
*Please submit a current copy of your driving record along with your application.*

Have you ever been convicted of a moving traffic violation within the past 7 years?  yes  no If yes, list all here, including dates & infraction description(s) : \_\_\_\_\_

Have your driving privileges ever been revoked or suspended?  yes  no If yes, list here when and why: \_\_\_\_\_

Do you currently hold a Commercial driving license (CDL)?  yes  no if so, what license \_\_\_\_\_

**EDUCATION**

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

*Please initial here to certify that your college degree was earned through the actual completion of college level course work and conferred by an accredited college or university.* \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_

Other Education \_\_\_\_\_

License(s), including the state of issue and the number: \_\_\_\_\_

**MILITARY**  not applicable

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable to working here \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION**

1. List here all of the equipment with which you have experience and training. (Examples: chain saws, ropes, pulleys, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

2. If you are applying for a field position, please indicate by circling those activities in which you have experience and training.

|                          |     |    |  |     |    |
|--------------------------|-----|----|--|-----|----|
| Climb Trees              | Yes | No | Use a chain saw                          | Yes | No |
| Drag Brush               | Yes | No | Lift brush and feed into a brush chipper | Yes | No |
| Able to lift up to 50lbs | Yes | No | Work Outdoors in all Seasons             | Yes | No |
| Rigging                  | Yes | No | Throw Ropes                              | Yes | No |
| Drive a vehicle          | Yes | No | Drive a straight shift                   | Yes | No |
| Back up a trailer        | Yes | No | VDOT Flagging                            | Yes | No |

Please explain any "No" answers \_\_\_\_\_

**Climber:** (if applying for this position please fill out)

How many years experience do you have? \_\_\_\_\_

A. Do you own your own climbing gear? \_\_\_\_\_

B. Do you have any bucket experience? \_\_\_\_\_ If so how many years? \_\_\_\_\_

C. Competent in free climbing (climbing without spikes)? \_\_\_\_\_ If so how many years? \_\_\_\_\_

3. Salary Expected \_\_\_\_\_ hour \_\_\_\_\_ or week Number of hours you are available per week? \_\_\_\_\_  No preference

4. Type of work sought:  regular full time  regular part time  temporary  seasonal  as needed

5. Which of the following are you available?

**Days:**  yes  no    **Nights:**  yes  no    **Weekends:**  yes  no    **Holidays:**  yes  no    **Shift Work:**  yes  no

6. Indicate hours you are available to work on the following days (or check *anytime*, if you have no restrictions):

|                                  |                                  |                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday                           | Tuesday                          | Wednesday                        | Thursday                         | Friday                           | Saturday                         | Sunday                           |
| _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |

7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary?

- yes    no    don't know   If no, indicate reason:  need different hours    need different days    need more training  
 change in duties

Other, (explain accommodation needed : ) \_\_\_\_\_

8. Are you currently under a non-compete agreement that will prevent you from working for any business in our industry?

yes    no   If yes, please explain and list the date the agreement expires: \_\_\_\_\_

**EXPERIENCE: List below all present and past employment, beginning with your most recent employer**

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

...

2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

...

3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week

Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

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4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

**In the following space, please describe how our company will benefit from your work here.**

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

**Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 Employer: \_\_\_\_\_ Location: \_\_\_\_\_ Position: \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize whatever background and personal reports needed to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. **Required Licenses and Permits** All hired employees are in a driving position and are required to maintain a valid Virginia Drivers License. The company may verify each employee's driving record prior to employment and whenever else necessary during the course of employment to ensure compliance. Your driving record is a vital part of your employment application and that you may not be hired due to it.
- IV. I understand that I may be required to work overtime as a condition of being employed.
- V. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application is not a contract of employment with Medek Tree Service, Inc., and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Medek Tree Service, Inc., or me. I understand that no representative of Medek Tree Service, Inc., has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Medek Tree Service, Inc., may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of Medek Tree Service Inc.
- VI. **Drug and Alcohol Testing** In the event the company determines that I am eligible for an offer of employment, I understand that I may be required to participate in blood and/ or urine testing for alcohol, chemical dependency or other substance abuse. I consent to distraction of such testing and I understand that in addition to testing as a part of the application or hiring process I may be subject to future random testing and testing "for cause", which may include involvement in job-related accidents, suspicious behaviors, etc. I understand that in the event that I refuse to consent to such a test or violate the Company's drug and alcohol policy, or test positive for substance abuse or chemical dependency, my application or employment will be disqualified for further consideration or my employment will be terminated without notice. Accommodations will be made for the use of legally prescribed medication under the direction of a physician.
- VII. Upon separation of employment, I authorize Medek Tree Service, Inc., to withhold from my final pay check any monies owed by me (if not prohibited by law) for equipment, loans, products, services, uniforms unreturned, benefits advanced that I have not earned, materials or other assets in my possession not promptly returned or repaid as agreed.
- VIII. **Introductory Period** In the event the company determines that I am eligible for an offer of employment; I understand that I will be required to participate in an introductory period. This Introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Medek Tree Service, Inc. uses this period to evaluate employees' capabilities, work habits, and overall performance. Either the employee or Medek Tree Service, Inc. may end the employment relationship at will at any time during or after the introductory period, with or without cause or advance notice. All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire. Any significant absence will automatically extend an introductory period by the length of the absence. Upon satisfactory completion of the introductory period, employees enter the "regular" employment classification.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_