



NORTH VALLEY TREE SERVICE

Certified Arborists and Tree Workers

3882 Esplanade, Chico, CA 95973
(530) 893-9649 FAX (530) 893-9650

Application for Employment

Name: _____

Last

First

Middle

Address: _____

City

State

Zip

Telephone: _____

Social Security # _____

CLIMBER

QUALIFICATIONS:

1. MUST POSSES A VALID AND CLEAN DRIVERS LICENSE
2. MUST BE ABLE TO PASS COMPANY DRIVING TEST
3. MUST BE ABLE TO PASS COMPANY DRUG TEST
4. MUST BE ABLE TO WORK OUTDOORS UNDER VARYING AND SOMETIMES ADVERSE WEATHER CONDITONS
5. MUST HAVE EXPERIENCE AS A CLIMBER AND WORKED IN THE FIELD FOR AT LEAST 1 YEAR
6. MUST HAVE STRONG LEADERSHIP SKILLS
7. MUST WORK WELL WITH THE PUBLIC

RESPONSIBILITIES:

1. LOADS AND UNLOADS TRUCKS WITH LOGS ALONG WITH BRUSH AND DEBRIS OFTEN WEIGHING 25 POUNDS OR MORE; FEEDS BRUSH INTO CHIPPER
2. USES HAND LINES TO LOWER LIMBS AND EQUIPMENT
3. KEEPS WORK AREA PICKED UP AND ORDERLY
4. CARRIES, LAYS OUT AND STOWS MATERIALS, TOOLS AND EQUIPMENT AT WORK SITE.
5. WORKS FROM THE GROUND USING HAND SAWS, POLE SAWS AND PRUNERS, HAND PRUNERS, LOPPERS AND GASOLINE POWERED CHAIN SAWS
6. DRIVES TRUCKS OR OPERATES OTHER EQUIPMENT AS ASSIGNED
7. SERVICES TRUCKS AND EQUIPMENT. KEEPS TRUCKS AND OTHER ASSIGNED EQUIPMENT IN A NEAT AND ORDERLY FASHION. REPORTS THE NEED FOR REPAIRS TO TRUCK AND EQUIPMENT TO SUPERVISOR.
8. SAFEGUARDS EMPLOYEES AND PUBLIC FROM HAZARDS IN AND AROUND THE WORK AREA, STAYING IN FREQUENT VOICE COMMUNICATION WITH WORKERS

ALOFT.

9. HELPS ENFORCE ON-SITE-JOB SAFETY PRACTICES

10. PERFORMS OTHER REALATED DUTIES AS ASSIGNED

EMPLOYMENT HISTORY

(MUST BE COMPLETED EVEN WHEN ACCOMPANIED BY RESUME)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
Address (Street, City and State)	From (Mo/Yr)	To (Mo/Yr)	
Job Title	Phone:		
Supervisor	Hourly Rate/Salary		
Reason for leaving	Starting	Ending	

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
Address (Street, City and State)	From (Mo/Yr)	To (Mo/Yr)	
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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience _____

List professional, trade, business or civic activities and offices held _____

What foreign languages do you speak, read and/or write? _____

EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	DEGREE REC. & MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE, BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Honors Received: _____

MILITARY SERVICE

Branch of Service and Serial Number	Present Selective Service Classification	Rank at Discharge
List Duties/Special Training		

Agreement

The facts set forth above in my application for employment are true and complete. I understand that false statements or omissions of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make a investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureau of your choice. You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to the character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge the company (including its directors, officers, employees and agents) and my past and/or present employers (their directors, officers, employees and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct, unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

Signature of Applicant

Date

In case of emergency, I authorize you to notify:

Work Phone ()

Home Phone ()

PERSONAL INFORMATION

(PLEASE PRINT)

Date of Application _____ Position(s) Applied For _____

Salary Expectation _____ On What date would you be available for work? _____

Full Time Part Time Weekends Temporary

Are you available to work:

How were you referred to us? _____

Yes No

Have you filed an application here before? If yes, date/location: _____

Yes No

Have you ever been employed here before? If yes, date/location: _____

Yes No

Yes No

Are you employed now? May we contact your present employer?

Yes No

Does your present employer know of your plans to change employment?

Why do you desire to make a change? _____

Yes No

Are you on a lay off and subject to recall?

Yes No

Have you ever been discharged or requested to resign from a position? If yes, explain:

How much time have you lost from work during the last 12 months? _____

Yes No

Yes No

Do you have steady transportation to work? Can you travel if a job requires it?

Yes No

Have you ever held a position of trust (handling money or confidential material)?

Have you ever been refused Bond? _____ If yes, explain: _____

Yes No

Are you legally eligible to work in the United States?

(Proof of citizenship/immigration status & Identity is required upon employment)

Yes No

Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation?

(Answering "yes" is not an automatic bar to employment)

If yes, state date, court and place where offense(s) occurred _____

Yes No

Do you hold a valid driver's license? List State _____

Yes No

Have you been convicted of any moving violation(s) in the last 3 years?

If yes, give date(s) and explanation: _____

List three (3) things that are important to you in a work environment 1) _____
2) _____ 3) _____

List three (3) characteristics that best describe you 1) _____
2) _____ 3) _____

Why do you want to work here? _____

TREE EQUIPMENT EXPERIENCE

What type of Climbing Equipment have you used? _____

How long have you been using this equipment? _____

What type of removal equipment have you used? _____

How long have you used this removal equipment? _____

What type of Boom Truck have you operated? _____

How long have you operated this type of Boom Truck? _____

What type of pruning/trimming have you done?

ORNAMENTAL YEARS? _____

LINE CLEARANCE YEARS? _____

RESIDENTIAL YEARS? _____

LOT CLEARING YEARS? _____

PALM TRIMMING

YEARS? _____

What Certifications do you hold?

INTERVIEW SHEET (FOR OFFICE USE ONLY)

Interview Comments:

To be completed by Crew Leader/Supervisor, only after employee hired
Organization Code: _____ / _____ / _____ Starting Date: _____
Occupation Code/Description: _____
Rate of pay per hr/wk: _____ Date of Birth: _____
Sex:
Race:
Comments: _____
Federal Law forbids discrimination based on age, sex, race, religion, national origin, physical or mental handicap or disability. This information is obtained solely for federal statistical reporting requirements.

Obtain date of birth from employee and circle employee's race and sex from visual observation.	
_____	_____
Crew Leader's or Supervisors Signature	Date

NORTH VALLEY TREE SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER