Mead Tree & Turf Care, Inc. Application for Employment

Applicant Information

Please check one: Tree Care ___ Landscape ___ Plant Health Care ___ Other___ Full Name: ___ ____ Date: ______ First Address:_____ State Zip Email Address: _____ Date Available: _____ Are you 18 years or older? Yes No Are you a citizen of the US? Yes No If no, are you authorized to work in the U.S.? Yes No Have you ever worked for this company before? Yes If so, when? No **Driving Record** Do you have a valid driver's license? Yes No Are you proficient at pulling a trailer? Yes No Driver's License #: _____ State of issue: _____ Expiration date: _____ Class B Restricted ___ Class B ___ CDL: Class A Restricted ___ Class A ___ Other Endorsements: Other Restrictions: Is there anything that prohibits you from driving? Yes No Have you had any accidents during the past 3 years? Yes No How many? Have you had any moving violations during the past 3 years? Yes No How many? _____ **Criminal Record** Have you ever been convicted of a crime? Yes No If yes, please explain: ______ **Education** High School attended: ______Did you graduate? Yes No College/University attended: _____ Did you graduate? Yes No Business/Trade School attended: _____ Did you graduate? Yes No

Other:					_
Military Service Branch of Service:			From:		To:
Rank at discharge:					
Previous Employment Are you currently employed?	Yes	No			
May we contact your current supervisor?	Yes	No			
1. Company:				Phone #: _	
Address:				Supervisor	·
Job Title:					
Responsibilities:					
From: To:					
2. Company:					
Address:					
Job Title:	Start	ing salary: \$	S	Ending	g salary: \$
Responsibilities:					
From: To:					
May we contact your previous supervisor fo	or a referenc	e? Yes		No	
3. Company:				Phone #: _	
Address:				Supervisor	·
Job Title:	Start	ing salary: \$	S	Ending	g salary: \$
Responsibilities:					
From: To:					
May we contact your previous supervisor fo	or a referenc	ce? Yes		No	
References Please list three professional references tha Full Name:					
Company:Address:					
Full Name:Company:					
Address:					
Full Name:					

mpany: Phone:		
Address:	lication by Mead Tree & Turf Care, Inc. (hereinafter called "the	
Company to do a complete investigation of all strom any liability or damages. I understand that	orrect and complete to the best of my knowledge. I authorize the tatements contained in this application. I release all such persons the misrepresentation or omission of these facts is cause for e. I give the Company permission to obtain driving records at any es (unless otherwise indicated), and references.	
will be required to provide proof of identity and	of employment are probationary. If employed I understand that I legal authority to work in the US. I certify that I am able to ion and that I have no pre-existing medical conditions that will	
requirements regarding drug and alcohol use. The periodic testing after employment, and consent	tolerance" drug and alcohol policy, and observes all DOT his includes pre-employment testing, as well as random and/or to compliance with this policy as a condition of my employment. I ed on the successful passing of testing under such policy.	
If employed, I understand that the Company mapprocedures and such changes may include reduce	y unilaterally change or revise their benefits, policies and ction in benefits.	
	oyer. This means Mead Tree & Turf Care, Inc. is free to conclude or without notice, with or without cause and that an individual's	
employment decisions without regard to race, o	nent opportunity employer. We adhere to a policy of making olor, religion, sex, national origin, citizenship, age, or disability. yment with this Company depends solely on your qualifications.	
Signature / Firma	Date/ <i>Fecha</i>	