



St. Croix Tree Service, Inc

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EMPLOYMENT APPLICATION & PERSONNEL RECORD FORM EEO EMPLOYER

Background

Name: _____
First Middle Last

Address: _____
Street City/Town State Zip Code

Social Security No. ____/____/____ Home Telephone No. (____) _____

Are you 18 years or older? ____ YES ____ NO

In case of Emergency, contact: _____
Name Telephone

Education

| Name and Address | Last Grade Completed | Degree Earned |
|---|----------------------|---------------|
| Primary Education: Elementary/High School | | |
| Vocational/Technical | | |
| College/University | | |

Employment History

List Three Most Recent Positions Held (starting with the last position held)

| Company Name, Address, Tel. number | Dates From - To | Position Held | Reason For Leaving | Name of Supervisor |
|---------------------------------------|--------------------|------------------|--------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

References

| Name | Address & Telephone | Occupation | Relationship |
|------|---------------------|------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |



Check all for which you have experience:

Administrative Office Positions Only

☐ Calculator ☐ Typing _____wpm ☐ Copy Machine ☐ Fax Machine ☐ Switchboard

☐ Computer Skills: Please List Hardware & Software: _____

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 or ☐ No

If your answer is yes, please describe any additional training and experience and the total number of years experience that you have: _____

Are you trained in line clearance tree trimming? ☐ Yes or ☐ No

If your answer is yes, When? _____ By whom? _____

Do you have practical experience in line clearance tree trimming? ☐ Yes or ☐ No

If your answer is yes, How long? _____ Where? _____

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

Commercial Driver's License? ☐ Yes or ☐ No If yes, State _____ Number _____

Check all those that you have experience operating:

☐ Automatic transmission ☐ Two-speed rear axle ☐ Truck and Chipper

☐ Manual Multi-speed Trans. ☐ 1-Ton truck ☐ Bucket Truck ☐ 2-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 |
|------------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Federal DOT regulations require checks on all drivers

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

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes or ☐ 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 or ☐ No

Please Read Carefully
Application Verification and acknowledgement

I certify that the information contained in this 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 organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subject 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 of 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 of 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 an 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 of responses to that questionnaire and any other medical records that the company may wish to obtain, satisfactory completion of any further 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