



901 W. FORD HARRIS ROAD
 CHAMPAIGN, IL 61822
 217-418-9896
 KLISMITHTREESERVICE@GMAIL.COM

APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR: Groundsman Climber Trainee Climber

Date: _____

A. APPLICANT INFORMATION

| | | | |
|---|-------|-----------|------|
| Last Name | | First | M.I. |
| Street Address | | Apt/Unit# | |
| City | State | ZIP | |
| Phone | Email | | |
| Date Available | SSN# | | |
| 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 been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| If yes, provide date/location and explain: | | | |

B. EDUCATIONAL BACKGROUND

| | | |
|--|--|--------|
| High School Name/Location | | |
| Years Attended | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Vocational or Trade School Name/Location | | |
| Years Attended | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College Name/Location | | |
| Years Attended | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | |
| Years Attended | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

C. EMPLOYMENT HISTORY *List the last three positions you held, starting with the most recent.*

| | | |
|---|------------------|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Responsibilities | |
| Dates Worked: From | To | Reason for Leaving |
| May we contact the supervisor at this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Responsibilities | |
| Dates Worked: From | To | Reason for Leaving |
| May we contact the supervisor at this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Responsibilities | |
| Dates Worked: From | To | Reason for Leaving |
| May we contact the supervisor at this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

D. REFERENCES *Please provide three professional references.*

| | |
|------------------|--------------|
| Full Name | Relationship |
| Address | Phone |
| Full Name | Relationship |
| Address | Phone |
| Full Name | Relationship |
| Address | Phone |

E. DRIVER INFORMATION

Are you 21 years of age or older? YES NO

| | | | |
|-----------|-------|-------|---------|
| License # | State | Class | Expires |
|-----------|-------|-------|---------|

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

Have you ever had a license, permit or privilege that was suspended or revoked? YES NO

May we request a copy of your driving record? YES NO

F. VEHICLE ACCIDENT RECORD *Driving positions only. Do not disclose your own injuries.*

| Date of Accident | Nature (head-on, rear-end, etc.) | # of Fatalities | Injuries to Others |
|------------------|----------------------------------|-----------------|--------------------|
| | | | |
| | | | |
| | | | |

G. TRAFFIC CONVICTIONS *Driving positions only. Provide information for last 3 years.*

| Date | Conviction/Charge | Penalty |
|------|-------------------|---------|
| | | |
| | | |
| | | |

H. RELEVANT SKILLS AND EXPERIENCE

| | | | |
|---|------------|--|------------|
| <input type="checkbox"/> Tree Climbing | #of years: | <input type="checkbox"/> Stump Grinder Operation | #of years: |
| <input type="checkbox"/> Tree/Shrub Pruning | #of years: | <input type="checkbox"/> Ground Operations | #of years: |
| <input type="checkbox"/> Chainsaw Operation | #of years: | <input type="checkbox"/> Ariel Lift Operation | #of years: |
| <input type="checkbox"/> Chipper Operation | #of years: | <input type="checkbox"/> Tree Injection | #of years: |

Please describe any additional relevant training, if any:

I. ESSENTIAL JOB DUTIES *Please check all of the following that you are able to perform.*

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | I can work while standing or walking on a continuous basis during an 8-10 hour shift. | <input type="checkbox"/> | I can work at heights of up to 80 feet. |
| <input type="checkbox"/> | I can frequently lift/carry up to 100 lbs. | <input type="checkbox"/> | I can operate a truck with a manual transmission. |
| <input type="checkbox"/> | I can work in conditions in excess of 90° F. | <input type="checkbox"/> | I can back up a truck with a trailer attached. |
| <input type="checkbox"/> | I can work in conditions down to -20° F. | <input type="checkbox"/> | I can work near or under high-voltage energized power lines. |
| <input type="checkbox"/> | I am willing to drive to work at jobsites that are within a 50-mile radius of Champaign, IL. | <input type="checkbox"/> | I can work in conditions that may include dust, pollen, weeds and poison ivy. |
| <input type="checkbox"/> | In emergency situations, I am willing to work late nights/early mornings with reasonable notice. | <input type="checkbox"/> | I can work in conditions that may include bees, wasps and other insects. |
| <input type="checkbox"/> | I can work in noisy environments with proper hearing protection. | <input type="checkbox"/> | I am certified in First Aid and CPR, or am willing to be certified. |

J. APPLICATION VERIFICATION AND ACKNOWLEDGEMENT *Please read carefully.*

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 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 Klismith Tree Service. I agree to conform to the guidelines of this company and acknowledge that these guidelines may be changed, interpreted, withdrawn, or added to by the 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 Klismith Tree Service 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 and signed by the owner. I acknowledge that I have been advised that this application will remain active 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-appointed physicians of 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 the owner of the company has approved it.

Applicant Signature: _____

Date: _____

KLISMITH TREE SERVICE

DRUG AND ALCOHOL POLICY

In order to maintain a safe and productive work environment, Klismith Tree Service has established a Drug and Alcohol Prevention Program. As part of this program, a drug screen test has been integrated into the pre-employment medical examination.

I understand and acknowledge that as a condition of employment I must successfully pass a urinalysis drug screen test for cannabinoids (marijuana and its metabolites), cocaine/crack and metabolites, opiates (heroin, codeine, morphine, oxycontin, and related drugs), phencyclidine (PCP) and amphetamines (including methamphetamine and ecstasy). All information relative to the medical examination and drug test will be used and maintained in strict conformity with the law.

I further understand that once employed I may be required to submit to a random urine drug screen test. If the test results are positive for prohibited drugs or alcohol, or if I refuse to undergo a test upon the request of Klismith Tree Service, I may be terminated. It is the policy of Klismith Tree Service not to hire or rehire individuals who abuse alcohol or use any narcotic or dangerous drug without a medically acceptable prescription.

Applicant Signature: _____

Date: _____