



422 Perkins Hollow Lane
Faber, VA 22938

<http://www.arboristry.com>
office@arboristry.com

Office 434-263-4324
Fax 434-263-8908

Application for Employment

Dear Applicant,

Thank you for considering a position with Arboristry® Associates, Inc., a landscape maintenance company dedicated to bringing the highest quality services to Central Virginia.

Please fill out the entire application. Providing complete and accurate information on your education, work experience, licenses, certifications and skills will help identify whether you are a qualified candidate for the position.

Arboristry® Associates, Inc. is an equal employment opportunity employer. Applicants are considered for positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation (including gender identity), or any other basis prohibited by federal, state, and local laws.

If you need an accommodation in the application or testing process, please indicate this on the Applicant Data Sheet page. Arboristry® Associates, Inc. fully supports the Americans With Disabilities Act and will provide reasonable accommodation.

Thank you for applying!

Instructions

1. Applications are accepted at all times, and may remain on file for up to 6 months for consideration as openings occur and job announcements are posted.
2. Type or print legibly in ink.
3. Include the job title you are applying for on this application.
4. Answer all questions. If a question is not applicable, enter “N/A”. An incomplete application may delay action or disqualify you. You may additionally submit a resume, however, you must still fully complete the application.
5. All information you provide is subject to verification.
6. Return all required materials indicated on the job announcement.
7. Date and sign the application. If not signed, the application will not be complete. (Note: If submitting the application electronically, an electronic signature or typed name will substitute for a written signature.)
8. An incomplete application may disqualify you from being considered for the position.
9. Send your completed application packet to the address listed on the job announcement. For currently open positions, your application must be received by the date and time indicated on the job announcement.
10. Applications and supporting material will not be returned.
11. Allow a minimum of four to six weeks after the announced closing date for a reply to your application. If you have a question about the job, contact the person or office listed on the announcement.



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EMPLOYMENT APPLICATION & PERSONNEL RECORD FORM

Date: _____

Name: _____ Social Security No: _____
First Middle Last

Address: _____
Street / Box City / Town State Zip Code

Home Phone: (____)____-____ Cell Phone: (____)____-____ Email: _____

Best way to reach you: _____

Department and Position desired: _____ Desired start date: _____

Desired Status: Full time Part time Desired type: Permanent Temporary Seasonal

Are there any hours, shifts or days you cannot or will not work? _____

How did you find out about this opening? (Name of referral) _____

Are you 18 years old or older? Yes No Do you have reliable transportation to and from work? Yes No

Have you ever served in the military? Yes No Branch _____ Date Entered _____ Date Discharged _____

If hired, can you show verification of your legal right to work in the U. S.? Yes No

Have you ever been convicted of a felony? Yes No If yes, describe _____

Are you willing to allow us to conduct background screenings including but not limited to criminal, sexual offender, and credit reports, backgrounds, work and character reference checks, education, credential, certification and identification verification, and motor vehicle records? Yes No

Education: Did you graduate from high school? Yes No GED Highest grade completed: _____

School Name and Address	Last Grade and # Yrs completed	Subjects - Major and Degree Earned
Primary Education (Elementary / Middle School)		
Secondary Education (High School)		
Vocational / Technical / College/ University		

Work References (List professional references who can discuss your job skills, & work history, i.e., past supervisors, community leaders, counselors, teachers, or business associates. **DO NOT INCLUDE relatives or friends.**)

Name	Phone #	Address	Occupation	Relationship
1.				
2.				
3.				

EMPLOYMENT HISTORY

Starting with your most recent employer, list work and volunteer experience gained during the last 10 years. **Do not indicate "See Resume" or you may be disqualified from being considered for the position.**

1	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		
Job title:			
Supervisor's name and phone # :			
Hours per week:		Last salary: \$	# of employees supervised:
Reason for leaving:			
Duties:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		
Job title:			
Supervisor's name and phone # :			
Hours per week:		Last salary: \$	# of employees supervised:
Reason for leaving:			
Duties:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		
Job title:			
Supervisor's name and phone # :			
Hours per week:		Last salary: \$	# of employees supervised:
Reason for leaving:			
Duties:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONTINUATION SHEET FOR EMPLOYMENT HISTORY

4	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		

Job title:

Supervisor's name and phone #:

Hours per week:	Last salary: \$	# of employees supervised:
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Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER? Yes No

5	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		

Job title:

Supervisor's name and phone #:

Hours per week:	Last salary: \$	# of employees supervised:
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Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER? Yes No

6	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		

Job title:

Supervisor's name and phone #:

Hours per week:	Last salary: \$	# of employees supervised:
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Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER? Yes No

Use this space to account for any gaps in your employment history

Dates:		<i>to</i>		Activity:
Dates:		<i>to</i>		Activity:

Traffic convictions for the past 3 years (other than parking violations) - Production & Sales Positions

Conviction	Date	Charge	Penalty

(Attach sheet if more space is needed)

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 No
 B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 C. Have you been convicted under criminal law (excluding minor traffic violations)? Yes No
 If the answer to either A or B or C is yes, attach statement giving details.

Willingness to Comply with Alcohol and Drug Policy and Testing Program and Release of Information from Past Employers

(All applicants): Applicants for all positions will be subject to alcohol and drug testing throughout their period of employment. Applicants for positions that require driving a commercial motor vehicle (CMV) at any time and applicants for positions involving safety sensitive functions or duties will be required to undergo controlled substances testing and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment. Applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be asked to sign forms for release of information from previous employers in all cases where driving a CMV was one of your functions. Failure to sign will prevent this employer from using you as a CMV driver.

- Are you willing to undergo alcohol and drug testing? Yes No
 Are you willing to sign release of information from previous employer forms? Yes No

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 landscape work. This type 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, bending, raking, shoveling dirt, exposure to chemicals & landscape materials and plants. 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 No

Application Verification and Acknowledgement. (Please read carefully and sign in acknowledgement & consent.)

I certify that the information contained in the 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 hereby authorize any of the person, educational institution, company or organization I have listed in this application and given to Arboristry® Associates, Inc. during the hiring process to disclose in good faith any and all information regarding my qualifications and fitness for employment including employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application.

I authorize Arboristry® Associates, Inc. to request and receive such information, in the process of my being considered for employment by your company. I will hold all such parties including Arboristry® Associates, Inc., any former employers, persons, educational institutions, companies or organizations giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I authorize Arboristry® Associates, Inc. to conduct pre-employment and employment alcohol and drug testing, and any and all background checks including but not limited to criminal, sexual offender, credit, work and character, motor vehicle record, education, certification, reference, license and identification verifications.

I agree to conform to the policies and guidelines of the company and acknowledge that these policies and 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 employment with Arboristry Associates, Inc. is "at-will" and 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 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, signed by the president of the company.

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 and continuation of employment is expressly conditioned upon satisfactory results of a pre-employment and at any time during employment alcohol and drug testing, and consumer reports and background checks including but not limited to criminal, sexual offender, credit, motor vehicle record, education, certification, reference, license and identification verifications, and if for a driver position, satisfactory driver qualifications which may include a medical review 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 it has been approved by the company's personnel officer, you begin your first paid day on the job and results of all contingencies are satisfied.

Applicant's signature _____

Date _____