

Employment Application

Date: _____



Delta Tree Services Inc.

APPLICANT INFORMATION

Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
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 worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

DRIVER'S LICENSE: YES NO [CIRCLE] REGULAR [R] COMMERCIAL Y N [CIRCLE] CLASS A B C D

Emergency Contact	Phone	Relationship
Employee Withholding: Single Married Divorced Separated	# of Dependents	

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Do you have any physical, mental, or sensory handicaps which might affect work performance? Yes No
 If yes, explain

DISCLAIMER AND SIGNATURE

The filing of an application with Delta Tree Services, Inc. is a preliminary step to employment. It does not obligate Delta Tree Services, Inc. to offer employment, or the applicant to accept employment. An offer of employment, if made, is for employment at will and is not to be construed as a guarantee of continued employment. Delta Tree Services, Inc. reserves the right to terminate the employment of any employee at any time. Any employee also has the right to terminate his or her employment with Delta Tree Services, Inc. at any time.

I authorize investigation of **ALL** matters contained in this application which Delta Tree Services, Inc. may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to Delta Tree Services, Inc. and such persons are hereby released from all liability for giving such information. Delta Tree Services, Inc. will keep all such information confidential except where such information is required to be released by law or order of a court or other authority. **I understand and agree that I will be subject to immediate dismissal if it is subsequently discovered that the information herein is untrue or that I have failed to disclose a material fact.** I understand that if employed by Delta Tree Services, Inc., such employment will occur at will and no contract of employment, expressed or implied, is created and that no representative of Delta Tree Services, Inc. has any authority to enter into any agreement for employment of any specified period of time, or to make any agreement contrary to the foregoing. I understand that if I receive an offer of employment and I accept the position, I will be required to complete additional information necessary for company record keeping requirements.

NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT: As part of our employment process, an investigative consumer report, as governed by the Fair Credit Reporting Act or any similar state or local statute may be requested. However, requests will not be made without your prior authorization.

I certify that all information in this application is true and correct as of this date.

Signature	Date
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For Office Use Only:

Date Hired: _____

Voluntary Quit: _____ or Termination: _____ Reason for Termination: _____

Last Date Employed: _____