

# FAMILY TREE SERVICE, INC

P.O. Box 1325

Laytonville, CA 95454

Office 707-984-6629, Fax 707-984-8246

[hrpayroll@familytree-service.com](mailto:hrpayroll@familytree-service.com)

Employment Application

*An Equal Opportunity Employer*

**NOTICE TO APPLICANTS: PRE-EMPLOYMENT DRUG SCREEN AND FIT FOR DUTY PHYSICAL ARE REQUIRED FOR EMPLOYMENT AT FTS**

As a contractor for PG&E Family Tree Service must do a criminal background check before hire

**Please Print**

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Cell Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

No.

Street

City

State

Zip

Physical Address \_\_\_\_\_

No.

Street

City

State

Zip

Any other names used? \_\_\_\_\_

## **Employment Desired**

Position applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you applying for?

Regular full-time work? Yes \_\_\_ No \_\_\_

Regular part-time work? Yes \_\_\_ No \_\_\_

Other? Yes \_\_\_ No \_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work overtime, if necessary? Yes \_\_\_ No \_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary desired? \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Family Tree Service before? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Family Tree Service? Yes \_\_\_ No \_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at Family Tree Service? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_ No \_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions.)

Are you able to perform all other aspects of the job for which you are applying? Yes \_\_\_ No \_\_\_

If no, describe the aspects that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

If so, may we contact your current employer? Yes \_\_\_ No \_\_\_

**Education, Training and Experience**

**School**

	Name and Address	Years Completed	Degree or Diploma	Graduate Y/N
High School				
College/Univ				
Vocational/Bus.				

Do you speak, write or understand any foreign languages? Yes \_\_\_ No \_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualification or skills which you feel make you especially suited for work at Family Tree Service? (Climbing or line man experience) If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Valid California Class B license with current Medical card? Yes \_\_\_ No \_\_\_

Do you have a Valid California Class C license? Yes \_\_\_ No \_\_\_

Has your license ever been revoked or suspended? Yes \_\_\_ No \_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement. \_\_\_\_\_

\_\_\_\_\_

This position requires you to travel all over Mendocino County, Lake County, Sonoma County and Southern Humboldt. Do you have a reliable means of transportation? Yes \_\_\_ No \_\_\_

### **Employment History**

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Hourly Rate: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Hourly Rate: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Hourly Rate: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

NOTE: Attach additional page(s) if necessary.

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? Yes \_\_\_ No \_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance within the last three (3) years.

Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

I have attached a resume for your consideration \_\_\_\_\_YES \_\_\_\_\_NO

**Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and, there are no other agreements as to dispute resolution, either oral or written.

\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_