FAMILY TREE SERVICE, INC

P.O. Box 1325 Laytonville, CA 95454 Office 707-984-6629, Fax 707-984-8246 <u>hrpayroll@familytree-service.com</u> 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 the local utility company, Family Tree Service, Inc. must complete a criminal background check before hiring any employee. Family Tree Service will consider qualified applicants with a criminal history pursuant to the California Fair Chance Act. You do not need to disclose your criminal history or participate in a background investigation until a conditional job offer is made to you. After making a conditional offer and running a background investigation, if Family Tree is concerned about conviction that is directly related to the job, you will be given the chance to explain the circumstances surrounding the conviction, provide mitigating evidence, or challenge the accuracy of the background report. Find out more about the Fair Chance Act by visiting the Civil Rights Department Fair Chance Act webpage.

Please Print Legibly

Date

| | | | | | | Dute | |
|-----------------------|------------|--------------|----------|-------------|-----|------|--|
| Name | | | | | | | |
| Last | | | First | Middle | | | |
| Cell phone () | | | Но | me phone () | | | |
| Mailing Address | | | | | | | |
| | No. | Street | City | State | Zip | | |
| Physical Address | | | | | | | |
| | No. | Street | City | State | Zip | | |
| Any other names used? | | | | | | | |
| | | | Employme | ent Desired | | | |
| What position are yo | ou applyir | ng for: | | | | | |
| How did you hear ab | out this p | oosition? | | | _ | | |
| What type of work a | re you ap | oplying for? | | | | | |
| Regular full- | time wor | k? | /es No | | | | |
| Regular part | -time wo | rk? | /es No | | | | |
| | | | | | | | |

Family Tree Service, Inc., works an alternate work schedule which consists of 10-hour workdays, 4 days per week. Working days and hours are typically Monday through Thursday from 7:00 am – 5:30 pm or Tuesday through Friday 7:00 am – 5:30 pm. Family Tree is required to provide emergency response for PG&E at all times. Union employees frequently work more than 40 hours per work week, beyond the 4-day work week to comply with this requirement. Some flexibility with the working hours and days is available.

| 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? | | | | | | | | | |
| Are you at least 18 years old? | Yes | _No | | | | | | | |
| If hired, can you present evidence of your legal right to 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 not, describe the functions that cannot be performed. | | | | | | | | | |
| Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans consider reasonable accommodation measures that may be necessary for eligible applica essential functions. New hires may be subject to passing a medical examination, and to s Are you able to perform all other aspects of the job for which you are applying? If not, describe the aspects that cannot be performed. | ants/en skill and Yes | nployees agility te _ No | to perform | | | | | | |
| Are you currently employed? If so, may we contact your current employer? | | No _No | | | | | | | |
| | | | | | | | | | |

*We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

School

| | Name and Address | Years Completed | Degree or Diploma | Graduate Y/N |
|-------------|------------------|-----------------|-------------------|--------------|
| High School | | | | |

| College/Univ | | | | | | | |
|--|--|--------------------|-------------|----------|---------|--------------------|--|
| Vocational/Bus. | | | | | | | |
| | | | I | | | | |
| Do you speak, write, | , or understand any fo | oreign languages? | | | Yes No | | |
| If yes, which languag | ge(s)? | | | _ | | | |
| | perience, training, qua pple: Tree work, Climb | | • | • | | for work at Family | |
| | s must have and main cles and/or equipmen | | | | • • | | |
| Do you have a Valid | California Class A or B | license with a cur | ent medica | ll card? | Yes No | | |
| Which type of licens | e do you currently ho | ld? Clas | s A | Class B | Class C | - | |
| Has your license ever been revoked or suspended? Yes No | | | | | | | |
| If yes, state reason(s), date of revocation or suspension, and date of reinstatement | | | | | | | |
| | es you to travel all ove ansportation to get to | | | | | | |
| | | Employme | ent History | | | | |
| | t and past employmen ds of unemployment. | | | | • | is sufficient). | |
| Name of Employer _ | | | | | | _ | |
| Address | | | | | | _ | |
| Telephone # () | | _Your Supervisor's | Name | | | | |
| Your Position and Du | uties | | | | | - | |
| Date of Employment | t: From | to | | | | | |
| Reason for Leaving: | | | | | | - | |
| May we contact this | employer for a refere | ence? Yes | No | | | | |

| Name of Emplo | oyer | | | | | - | | |
|--------------------------------|-----------|--------------------|--------------------------------|-------------------------|---------------------|----------------------|--|--|
| Address | | | | | | _ | | |
| Telephone # (_ |) | | Your Supervisor's N | ame | | | | |
| Your Position a | ind Dut | ies | | | | | | |
| Date of Employ | ment: | From | to | | | | | |
| Reason for Lea | ving: | | | | | | | |
| May we contac | ct this e | mployer for a r | eference? Yes No |) | | | | |
| | | | | | | | | |
| Name of Emplo | oyer | | | | | - | | |
| Address | | | | | | - | | |
| Telephone # (_ |) | | Your Supervisor's N | ame | | | | |
| Your Position a | ind Dut | ies | | | | | | |
| Date of Employment: From to to | | | | | | | | |
| Reason for Lea | ving: | | | | | | | |
| May we contac | ct this e | mployer for a r | eference? Yes No | D | | | | |
| *NOTE: Attach | additi | onal page(s) if r | necessary. | | | | | |
| | | | Military S | ervice | | | | |
| Have you obtai | ined an | y special skills c | or abilities as a result of se | ervice in the military? | Yes No | | | |
| If so, describe: | | | | | | _ | | |
| | | | | | | | | |
| | | | Personal Re | ferences | | | | |
| List below three | e peopl | e not related to | you who have knowledg | e of your work perforn | nance within the lo | ast three (3) years. | | |
| Name | | | | | | _ | | |
| Address | | | | | | | | |
| Occupation | No. | | City hone () | State No. of Year | Zip s 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 Yea | rs Acquainted |
| | | | | | | |
| I have attache | d a resui | me for your considera | ationY | 'ES | _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 immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____I hereby authorize Family Tree Service, Inc. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment (excluding criminal background information: unless otherwise specified above. I further authorize the references I have listed to disclose to the company any letters, reports, or other information related to my work records, without giving me prior notice of such a disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any 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 an informal internal resolution that 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, signed by me, and the company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Family Tree Service, Inc. will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

| Date Applica | ant's Signature |
|--------------|-----------------|
| | |