

Valid DL: \_\_\_\_\_  
 App Date: \_\_\_\_\_

# Employment Application

## & Personnel Record for EEO Employer Madison Tree Care & Landscaping, Inc.



**Madison**  
 TREE CARE & LANDSCAPING

636 Round Bottom Road  
 Milford, Ohio 45150-9568  
 Phone: 513-576-6391  
 Fax: 513-576-6394  
 email: info@MTCandL.com



### Background

Name: \_\_\_\_\_  

First
Middle
Last

Address: \_\_\_\_\_  

Street/RFD/Box
City/Town
State
Zip Code

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years old or older?  Yes  No

In case of emergency, contact: \_\_\_\_\_  

Name
Telephone
  
 \_\_\_\_\_  

Name
Telephone

### Education

Name and Address	Last Grade Completed	Degree Earned
Primary Education (Elementary/High School)		
Vocational/Technical		
College/University		

### Employment History

List Three Most Recent Positions Held (starting with last position held)

Company Name Address Tel.	Dates From - To	Position Held	Reason for Leaving	Name of Supervisor

### References

Name	Address & Telephone	Occupation	Relationship
1.			
2.			
3.			



Check all boxes for which you have experience:

**Administrative Office Positions Only**

- Dictaphone       Calculator       Microfiche       Microfilm       Data Entry
- Typing \_\_\_\_\_ WPM       Steno \_\_\_\_\_ WPM
- Copy Machine       Switchboard - Type of Switchboard \_\_\_\_\_
- Other \_\_\_\_\_

Computer Skills Please List Hardware & Software: \_\_\_\_\_

**Production Skills (All Production Positions)**

- Tree climbing       Stump grinder       Chain saw       Spraying       Chipper
- Bucket truck       other \_\_\_\_\_

Do you have any other experience doing tree work?       Yes       No

If your answer is yes, please describe any additional training and experience and the total number of years experience that you have: \_\_\_\_\_

Are you trained in line clearance tree trimming?       Yes       No

If your answer is yes,      When? \_\_\_\_\_ By whom? \_\_\_\_\_

Do you have practical experience in line clearance tree trimming?       Yes       No

If your answer is yes,      How long? \_\_\_\_\_ Where? \_\_\_\_\_

**Driving Skills (Driving Positions Only, must be 21 years of age or older)**

Commercial Driver's License:       Yes       No      \_\_\_\_\_ / \_\_\_\_\_

State      Number

Check all those that you have experience operating.

- Automatic transmission       Two-speed rear axle       Truck and chipper
- Manual multi-speed trans.       1-ton truck       Bucket truck       2-ton truck

Vehicle accident record for past 3 years or more (attach sheet if more space is needed)

Driving positions only, do not disclose your own injuries

Date	Nature of Accident (Head-on, Rear-End, Etc.)	Fatalities	Injuries to Others
Last Accident _____			
Next Previous _____			
Next Previous _____			

**Traffic Convictions for the past 3 years (other than parking violations)-Driving Positions Only**

Conviction	Date	Charge	Penalty

(Attach sheet if more space is needed)

***Federal DOT regulations require checks on all drivers***

# Background Check

## Permission for Prospective Employee

In connection with my application for employment with Madison Tree Service, Inc. (the "Company"), I hereby agree as follows:

**1. GENERAL CONSENT TO BACKGROUND INVESTIGATION**

As a condition of Company's consideration of my employment application, I give permission to Company to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on my employment application.

**2. CONSENT TO CONTACT PAST EMPLOYERS**

I specifically give permission to Company to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Company, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Company. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to Company. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

**3. CONSENT TO CONTACT GOVERNMENT AGENCIES**

I further give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate Company as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

**4. COOPERATION WITH INVESTIGATION**

I agree to fully cooperate in Company's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

**5. MISCELLANEOUS**

This Agreement represents the entire understanding and agreement relating to its subject matter. Company shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of employment and that the Company may determine not to hire me for any lawful reason.

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Applicant's Signature/Date

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Applicant's Printed Name

## Drug & Alcohol Test Consent Form

I hereby CONSENT to allow a specimen of my hair, urine, or blood to be taken and submitted for a pre-employment, random, reasonable suspicion, return-to-duty, or follow-up drug and alcohol test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such test screen available to Madison Tree Service, Inc. (hereinafter "MTS" or the "Company"). In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available.

I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against MTS, the laboratory testing service, their respective officers, agents or employees in connection with the results of such test screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS MTS, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such test screen being made so available.

I UNDERSTAND that a confirmed pre-employment positive test will disqualify me from consideration for employment at MTS. I FURTHER UNDERSTAND that if I am hired by the Company and I fail to pass any drug or alcohol test while employed, I may be subject to disciplinary action up to and including termination.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Applicant's Printed Name

- 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

If the answer to either A or B is yes, attach statement giving details.

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 tree work. This 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. 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

**Please Read Carefully**  
**Application Verification and Acknowledgement**

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 your company. I agree to conform to the guidelines of the company and acknowledge that these 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 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 acknowledge that I have been advised that this application will remain 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 an 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's physicians of responses to that questionnaire and any other medical records that the company may wish to obtain, satisfactory completion of any further 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.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date