



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
street city state zip

Telephone numbers _____ Email: _____

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you worked here before? Yes No

Have you read the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School		DO NOT COMPLETE SHADED AREAS		
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

POSITIONS APPLIED FOR 1. _____ 2. _____ Wage or salary desired? \$ _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor				Reason for Leaving	
Description of Duties					
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor				Reason for Leaving	
Description of Duties					
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor				Reason for Leaving	
Description of Duties					

Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor				Reason for Leaving	
Description of Duties					
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor				Reason for Leaving	
Description of Duties					
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor				Reason for Leaving	
Description of Duties					

- 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 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 or 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 the company's personnel officer has approved it. I further understand that once given a conditional job offer, I will be required to submit to pre-employment testing for the illegal use of drugs.

Applicant's signature

Date



P. O. Box 4099, Santa Fe, NM 87502

(505) 983-6233 FAX (505) 983-0643

COATES TREE SERVICE, INC.

FAIR CREDIT REPORT ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

Applicant's Signature

Date

Print Name

Social Security Number

Driver's License No. and State

Driver's License Exp. Date

Date of Birth