

Employment Application

Coastal Tree Care provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Coastal Tree Care complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

		Арр	licant Ir	nforma	ation			
Full Name:	_						Date:	
	Last	First				M.I.	•	
Address:	Street Address						Apartment/Unit ‡	 ‡
							·	
	City					State	ZIP Code	
Phone:			E	Email				
Date Availal	ble:		_					
Position App	olied for:							
YES Are you a citizen of the United States? □			NO	If no, a	ire you a	authorized to w	YES ork in the U.S.?	NO
functions of	e to perform the essential this position with or withou accommodation?	ut YES	NO	Accom	nmod.:			
Are you at le	east 18 years of age?	YES	NO					
		-	Educa	ation		-		
High School	l:		Address:					
Did you grad	YES NO duate?	Diploma::						
College:			Address:					
From:	To:	_ Did you gr	aduate?	YES	NO	Degree:		
Other:		/	Address:					
From:	To:	Did you gr	aduate?	YES	NO	Degree:		

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	Previous E	Employme	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From: To:		Reason fo	or Leaving:_		_
May we contact your previous superv	isor for a reference?	YES	NO		
Company:Address:					
Job Title:				·	
Responsibilities:					
From: To:					
May we contact your previous superv	isor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From: To:		Reason fo	or Leaving:_		
May we contact your previous superv	isor for a reference?	YES	NO		
Company:					
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From: To:		Reason fo	or Leaving:_		
May we contact your previous superv	isor for a reference?	YES	NO		

References							
Please list two professional references and one per	sonal reference.						
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Yrs known:						
Relationship	Phone:						
Address:							
Disclair	ner and Signature						
I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.							
If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of Coastal Tree Care by its Manager or Owner, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of Coastal Tree Care, except in a specific written contract of employment signed on behalf of the company by its Manager or Owner, has the power to alter or vary the voluntary nature of the employment relationship.							
I HAVE CAREFULLY READ THE ABOVE CERTIF	CATION AND I UNDERSTAND AND AGREE TO ITS TER	≀MS.					
Signature:	Date:						