

TREE MANN SOLUTIONS, LLC EMPLOYMENT APPLICATION

723 WEST UNIVERSITY AVE. #273, GEORGETOWN, TX 78626

APPLICANT INFORMATION

LAST NAME		FIRST NAME & MIDDLE INITIAL		SSN	DATE OF BIRTH
				- -	/ /
MAILING ADDRESS		CONTACT PHONE NUMBER		EMAIL ADDRESS	
		() -			
Are you 18 or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:			

POSITION

What position are you applying for?	<input type="checkbox"/> Field Arborist <input type="checkbox"/> Management <input type="checkbox"/> Administrative <input type="checkbox"/> Business Development <input type="checkbox"/> Other: _____		
How did you hear about us?	<input type="checkbox"/> Referral <input type="checkbox"/> Internet Search <input type="checkbox"/> Job Board (LinkedIn, Indeed, Monster, etc.) <input type="checkbox"/> Other: _____		
EMPLOYMENT TYPE DESIRED		SALARY DESIRED	AVAILABLE START DATE
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contractor		\$ _____	/ /

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE EARNED

CERTIFICATIONS

DESIGNATION / COMPANY	STATE ISSUED	EXPIRY DATE
		/ /
		/ /
		/ /
		/ /

REFERENCES

NAME	POSITION / COMPANY	RELATIONSHIP	PHONE or EMAIL

APPLICABLE SKILLS

EMPLOYMENT HISTORY

EMPLOYER NAME		POSITION HELD		START DATE		END DATE		
				/ /		/ /		
ADDRESS								
SUPERVISOR NAME			PHONE		EMAIL ADDRESS			
STARTING PAY		ENDING PAY	MAY WE CONTACT THIS EMPLOYER?		REASON FOR LEAVING			
\$ _____		\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>					
EMPLOYER NAME			POSITION HELD		START DATE		END DATE	
					/ /		/ /	
ADDRESS								
SUPERVISOR NAME			PHONE		EMAIL ADDRESS			
STARTING PAY		ENDING PAY	MAY WE CONTACT THIS EMPLOYER?		REASON FOR LEAVING			
\$ _____		\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>					
EMPLOYER NAME			POSITION HELD		START DATE		END DATE	
					/ /		/ /	
ADDRESS								
SUPERVISOR NAME			PHONE		EMAIL ADDRESS			
STARTING PAY		ENDING PAY	MAY WE CONTACT THIS EMPLOYER?		REASON FOR LEAVING			
\$ _____		\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>					
EMPLOYER NAME			POSITION HELD		START DATE		END DATE	
					/ /		/ /	
ADDRESS								
SUPERVISOR NAME			PHONE		EMAIL ADDRESS			
STARTING PAY		ENDING PAY	MAY WE CONTACT THIS EMPLOYER?		REASON FOR LEAVING			
\$ _____		\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>					
EMPLOYER NAME			POSITION HELD		START DATE		END DATE	
					/ /		/ /	
ADDRESS								
SUPERVISOR NAME			PHONE		EMAIL ADDRESS			
STARTING PAY		ENDING PAY	MAY WE CONTACT THIS EMPLOYER?		REASON FOR LEAVING			
\$ _____		\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>					
EMPLOYER NAME			POSITION HELD		START DATE		END DATE	
					/ /		/ /	
ADDRESS								
SUPERVISOR NAME			PHONE		EMAIL ADDRESS			
STARTING PAY		ENDING PAY	MAY WE CONTACT THIS EMPLOYER?		REASON FOR LEAVING			
\$ _____		\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>					

BACKGROUND CHECK AUTHORIZATION

In the interest of maintaining the safety and security of our customers, employees, and property, Tree Mann Solutions, LLC (the “company”) will order a consumer background report or investigative report on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports for employment purposes. The background check company chosen will prepare the background report for the Company.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and as appropriate, driving record checks; verification of prior employment; reference, licensing, and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries.

Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (“An investigative consumer report” is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report).

AUTHORIZATION DISCLAIMER

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information is grounds for refusal to hire or, if hired, grounds for dismissal.

I authorize any person, organization, or Tree Mann Solutions, LLC (the “company”) to furnish you all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company which rules may be changed, withdrawn, added, or interpreted at any time, at the company’s sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, by either myself or the company, for any reason not expressly prohibited by law.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

SIGNATURE

PRINTED NAME	SIGNATURE	DATE
		/ /