

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

As an equal opportunity employer, Forestry Environmental Services, Inc does not discriminate in its employment decisions on the basis of race, religion, genetic information, color, national origin, gender, age, military status, disability, or on any other basis that would be in violation of any applicable federal, state, or local law.

DATE: _____

LOCATION: _____

PERSONAL INFORMATION

NAME (Last, First, Middle)

ALIAS (If applicable)

PRESENT ADDRESS

CITY

STATE

ZIP CODE

PERMANENT ADDRESS

CITY

STATE

ZIP CODE

PHONE NO.

EMAIL ADDRESS

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

EMPLOYMENT DESIRED

POSITION APPLYING FOR

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES NO

YES NO

HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE?

YES NO

HAVE YOU EVER WORKED FOR THIS ORGANIZATION BEFORE?

YES NO

DO YOU HAVE ANY RELATIVES WHO ARE EMPLOYED BY THIS ORGANIZATION?

YES NO

IF YES, PLEASE PROVIDE DETAILS

IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE THAT YOU ARE AUTHORIZED TO WORK IN THE U.S.?

YES NO

HOW WERE YOU REFERED TO OUR ORGANIZATION?

EMPLOYMENT HISTORY

DATE	NAME & ADDRESS	SUPERVISOR	SALARY OR	POSITION	REASON FOR
MONTH AND YEAR	OF EMPLOYER		RATE OF PAY		LEAVING

FROM _____
TO _____

FROM _____
TO _____

FROM _____
TO _____

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EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
GRAMMAR SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO
HIGH SCHOOL OR EQUIVALENT		<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL OR OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO

U.S. MILITARY HISTORY

BRANCH OF SERVICE	RANK AND TYPE OF SERVICE
DATE OF SERVICE FROM ___/___/___ TO ___/___/___	TRAINING/EXPERIENCE REQUIRED

EQUIPMENT QUALIFIED TO OPERATE

EQUIPMENT TYPE	WHERE OPERATED	YEARS EXPERIENCE	CERTIFICATION
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN EACH CONVICTION, THE NATURE OF OFFENSE(S), DATE OF OFFENSE(S), LOCATION, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION.

PROFESSIONAL REFERENCES (EXCLUDING RELATIVES)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

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Please provide any additional information relating to your licenses, technical certifications or professional memberships with regard to the job for which you have applied. Do not include information which would denote race, color, sex, age, national origin, disability, ancestry, religious, or political affiliation.

APPLICANT'S STATEMENT

I understand FORESTRY ENVIRONMENTAL SERVICES, INC. follows an "employment at will" policy, and that I or FORESTRY ENVIRONMENTAL SERVICES, INC. may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by FORESTRY ENVIRONMENTAL SERVICES, INC.

I understand this application is not a contract of employment and no offer of employment has been made. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand FORESTRY ENVIRONMENTAL SERVICES, INC. will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer, if so noted, to provide any information requested about me (current employer may be contacted after an offer of employment has been accepted by me), and I release them of and from all liability for damages in providing this information. I also understand I may be required to submit to and pass a substance abuse test and a medical examination as a condition of employment.

My signature below certifies that this application was completed only by me, and all entries on and information in it are true, correct, and complete to the best of my knowledge. In the event of an offer of employment or employment, I understand and agree that any false or misleading information given in my application or interviews may result in withdrawal of my offer of employment or discharge from employment.

APPLICANT'S SIGNATURE: _____

DATE: _____



Reference Authorization

I understand that references will be contacted, and that appropriate work-related references are not limited to those listed in my application.

Forestry Environmental

I authorize Services, Inc. to contact and secure information about my educational background, work experience and to secure records of licensing, administrative, regulatory or any other governmental agency, to obtain and inspect my Motor Vehicle Report annually, and to contact any other information source relevant to employability.

Forestry Environmental

I hereby release Services, Inc., its subsidiaries, officers and agents from liability for seeking such information, and I hereby release all other persons, schools, corporations, entities and/ or organizations for furnishing any such information.

Print Name

Driver's License Number

Signature

Date

In processing the employment application, we may request that an Investigative Consumer Report be prepared, which may include information as to your employment, finances and general reputation. If so, you will receive a separate authorization form.

Caution: This form relates to references directly contacted by the employer. This form is not sufficient if you use a third party as such is regulated by the Fair Credit Reporting Act ("FCRA"). If a third party is used, a separate FCRA authorization form is required.

There are very stringent requirements for how credit checks can be done and what must be disclosed to the employee when it is done. You should see legal advice regarding how to set up a procedure that complies with all federal and state laws and regulations, including the Fair Credit Reporting Act.



Authorization to Release Driving Record

I, hereby authorize the Company and its agents, to request any information concerning my driving record. I, hereby authorize any persons having knowledge thereof to provide such information to the Company and / or its agents, and I hereby release from liability and agree to hold harmless any person who furnishes such information in good faith.

Print Complete Formal Name

Date of Birth

Driver's License Number State

Signature

Address

City /State / Zip Code

Date: _____