## LAM TREE SERVICE, INC. PO BOX 2486 EVERGREEN, CO 80439 (303) 674-8733 phone (303) 674-1968 fax

## JOB APPLICATION

Today's Date				
Name		SS#		
Address	City	State_	Zip	
Home Phone	Work	Phone		
Drivers License #				
Employment Desired				
Position	Date Yo	ou Can Start		
Salary Desired				
Education				
Are You a High School Graduate or Equivalent?				
College Attended		Graduated	?	
List Any Tree Care Related Studies				
Former Employers (Most Recent First)				
Employer 1:	Dates of	Employment		
Position	Salary			
Contact Person		Phone		<u>×</u>
Reason For Leaving				
Employer 2:	Dates of	Employment		
Position	Salar	<i>y</i>		
Contact Person		Phone		
Reason For Leaving				
Employer 3:				
Position	Salary	/	_	
Contact Person	Pl	none		
Reason For Leaving				

Keterences	
1. Name	Address
Phone	Years Acquainted
2. Name	Address
Phone	Years Acquainted
3. Name	Address
Phone	Years Acquainted
Do you have a valid driv	vers' license?
◆ Any tickets in the past fiv	re years?IF Yes - Describe
♠ Any accidents in the past	t five years? If Yes- describe
	al limitations which would prevent you from performing daily physical
Labor?	
	have working with chain saws, chippers and other tree care equipment?
	have in the maintenance and repair of chain saws, chippers, and other tree
	lities you could bring to Lam Tree Service which would help the company.
I attest that all information listed abo false statements made on any part of	eve is true to the best of my knowledge. I understand that any misrepresentation or this application will be cause for non-consideration of hire.
Applicant Signature	Date

## REQUEST FOR MOTOR VEHICLE REPORT DISCLOSURE AND RELEASE

I authorize, without reservation, the ordering of my Motor Vehicle Report for the sole purpose of insurance eligibility as a driver on my employer's auto policy. I further understand this information will only be shared with an insurance carrier for underwriting purposes and my employer will only be notified as "eligible or ineligible" status.

<u>License Holder:</u>		
Print Name	Applicant Signature	Date
Driver's License # and Issuing State	Date of Birth	
Social Security # (IF REQUIRED by S	tate)	
Insured / Employer:		
Insured / Employer Signature	Insured's Company Nam	ie