



Application for Employment



An Equal Opportunity/Affirmative Action Employer

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address (No., Street, City, State, Zip Code)		
Phone Number	E-Mail Address	Social Security Number

EMPLOYMENT INFORMATION

Position(s) Applied For	Location	Date of Application
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Have you ever filed an application with ECI/WECI? Yes No If Yes, when? _____

Have you ever been employed by ECI/WECI? Yes No If Yes, when? _____

Are you currently employed? Yes No If Yes, may we contact your employer? Yes No

When can you start work? Immediately Other, describe _____

I am available to work: Full Time Part Time Temporary

Can you travel frequently? Yes No If Yes, Day Trips Overnight(s) Long Term

Are you willing to relocate? Yes No If yes, Northeast, Southeast, Midwest, Northwest, Southwest, Other _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? Yes No
Proof of citizenship or immigration status will be required before employment.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
If yes, state nature of the crimes(s), when and where convicted, and disposition of the case.
No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the dates of the offense, the surrounding circumstances and the relevance of the offense to the position applied for, may however, be considered.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?
 Yes No If no, describe the functions that can not be performed:
We comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions.

Have you been issued a citation for a moving violation or have you been involved in an auto accident in the past 3 years? Yes No
You must submit a "clean" MVR prior to hire. We will also run MVR reports periodically after hire.

CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge. By signing this application, I authorize investigation of all statements (including employment, education, and criminal history) contained in this application for employment as may be necessary to arrive at an employment decision. This application shall be considered active and on file for a period of time not to exceed 45 days.

I understand if an offer of employment is extended, I must complete and successfully pass a pre-employment drug screen. I must also present a current copy of my Motor Vehicles Record indicating a clean driving record.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I also understand that I am required to abide by all current and future rules and regulations of the employer.

Signature of Applicant

Date

EQUAL OPPORTUNITY STATEMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

EDUCATION

Name and Location of College or School	Course of Study	Degree

Professional Affiliations

- International Society of Arboriculture
- Utility Arborist Association
- Tree Care Industry Association
- Society of American Foresters

Licenses and Certificates

- ISA Certified Arborist
- Herbicide Applicator License
- Other, describe
- Other, describe

REFERENCES

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

EMPLOYMENT EXPERIENCE

Start with your current or last job. Include any military service assignments and job-related volunteer activities

Dates Employed From To	Employer	Supervisor
	Address	Phone
Hourly Rate/Salary Starting Ending	Reason for Leaving	
Job Title	Duties	

Dates Employed From To	Employer	Supervisor
	Address	Phone
Hourly Rate/Salary Starting Ending	Reason for Leaving	
Job Title	Duties	

EMPLOYMENT EXPERIENCE (continued)

Dates Employed		Employer	Supervisor
From	To		
		Address	Phone
Hourly Rate/Salary		Reason for Leaving	
Starting	Ending		
Job Title		Duties	

Dates Employed		Employer	Supervisor
From	To		
		Address	Phone
Hourly Rate/Salary		Reason for Leaving	
Starting	Ending		
Job Title		Duties	

Dates Employed		Employer	Supervisor
From	To		
		Address	Phone
Hourly Rate/Salary		Reason for Leaving	
Starting	Ending		
Job Title		Duties	

ADDITIONAL INFORMATION

Do you have any other experience, training, qualifications, or skills that make you especially suited for employment with ECI or Western ECI? If Yes, describe:

MISCELLANEOUS

How did you hear about us?

- Advertisement Employment Agency ECI/WECI Employee Name _____
- Internet Client Referral Name
- Career/Job Fair Friend/Relative Other, describe _____



Equal Employment Opportunity/Affirmative Action Data

ECI / Western ECI is an Equal Opportunity/Affirmative Action Employer and subject to certain reporting and affirmative action requirements. The information required on this form is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This form will be kept in a confidential file and a database which are separate from employment applications and resumes.

Gender:

- Male Female Prefer not to answer

Race/Ethnicity:

- Hispanic or Latino White Black or African American
- Asian Native Hawaiian or Pacific Islander American Indian or Alaskan Native
- Two or more races – All persons who identify with more than one of the above six race categories
- Prefer not to answer

How were you referred to ECI or Western ECI?

- Ad Walk-In Agency Employee State Employment Service Other_____

Name

Date

Position Applied For

Position Location