

## Downey Trees

PAUL BAGLEY, PRESIDENT 5055 SHADBURN ROAD CUMMING, GA 30041 TEL: 770-889-2822

FAX: 770-889-2822

## **EMPLOYMENT APPLICATION**

First		Middle		Las	t	
Address:				Apt#		
City		State		Zip	Code	
hone Numbers: ()  Home				Cell		
river's License No:		State:		DOB: _		
Are you 18 years old or older?	Yes	☐ No				
		<u>EDUCATIO</u>	<u>ON</u>			
Name Place of Education:	le Completed: De		Degree Earn	egree Earned:		
Primary Education (Elementary/High Scho	ool)					
Vocational/Technical						
College/University						
	EM	PLOYMENT H	ISTORY			
Company Name & Address	Dates From – To	tes Position or Reason			Name & Phone # of Supervisor	
		REFERENC	CES			
Name & Relationship: Addres		s:		Phone	Phone Numbers:	





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PAUL BAGLEY, PRESIDENT 5055 SHADBURN ROAD CUMMING, GA 30041 TEL: 770-889-2822

FAX: 770-889-3260

## **SKILLS**

experience relating to tree service work:	ainsaw use, stump grinding or any other work
Please list any specialty training you may have including li	ne clearance, crane or bucket truck operation:
Please list any specialized driving skills including Commer	rcial Driver's License (must be 21 years old or older):
*Motor Vehicle Records for the past 3 years or more Please disclose any major accidents or traffic violations you the past 3 years:	• •
Has your license ever been suspended or revoked? If yes v	why and when?
I understand and acknowledge that Downey Trees Inc. is a Drug drug test along with random drug testing if I am employed by DT may result in refusal to hire or dismissal if hired. I authorize any give you any and all information concerning my previous employ on this application and I release all such parties from liability foemployment remains conditional until approved by the officers of	II. I understand that falsification of information provided y persons or organizations referenced in this application to sment, education, or any other information I have provided r providing such information. I understand that any offer of
Applicant's Signature	

