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EMPLOYMENT APPLICATION

Acorn Forestry Is an Equal Opportunity Employer

PERSONAL INFORMATION			Date:
Name (Last, First, Middle):	Veteran?		
Social Security Number:			
Current Home Address:			
City:	State:		Zip:
Home Phone:	Mobile Phone	o:	
Can you prove your U.S. Citizenship? Circle one	Yes	No	
If not a citizen, give Visa No. and Expiration Date:			
WORK PREFERENCES			
Position You Are Applying For:			
Title:	Salary Requir	rement:	
Referred by:	Date `	You Can Start:	
Check one or more: ف Summer حسلت Temporary	ا ف Part Time ف	Full Time	
EDUCATION RECORD			
High School (Name, City, State):			
Graduation Date:			
Business or Technical School (Name, City, State):_			
Dates Attended:	Degree Earne	d:	
Undergraduate College (Name, City, State):			
Dates Attended:	Degree Earne	d:	
Graduate School (Name, City, State):			
Dates Attended	Dogwoo Forms	.d.	

WORK HISTORY (Give information about your last three jobs beginning with the most recent)

1-Employer	Dates Employed:		
Address:			
City:	State:	Zip:	
Phone:	Ending Salary:		
Titles/Duties:			
Manager's Name and Title:			
Reason for Leaving:			
2-Employer	Dates Employed:		
Address:			
City:	State:	Zip:	
Phone:	Ending Salary:		
Titles/Duties:			
Manager's Name and Title:			
Reason for Leaving:			
3-Employer	Dates Employed:		
Address:			
City:	State:	Zip:	
Phone:	Ending Salary:_		
Titles/Duties:			
Manager's Name and Title:			
Reason for Leaving:			

OTHER EXPERIENCE

<u>Employer</u>	Position/Title	Dates Employed
SPECIAL SKILLS		
These skills include clerical	l, computer, mechanical, languages, etc. Pleas	se be specific.
CONVICTION RECO	ORD	
Have you ever been convict plea of guilty or no contest)		aw, other than a minor traffic violation (this includes a in:
PERSONAL REFER	ENCES	
1-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
2-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

PERSONAL REFERENCES (continued...) Work Phone: Home Phone: City:______State:______Zip:_____ Relationship to You:____ **MISCELLANEOUS:** DO YOU HAVE A CDL: YES _____NO DO YOU HAVE A VALID DRIVERS LICENSE? YES NO Drivers License # HOW IS YOUR DRIVING RECORD? GOOD _____OK ____NOT SO GOOD ____ IS TRAVELING OK? YES _____NO ____ DO YOU OWN YOUR OWN TRANSPORTATION? YES NO Silvicultural operations may be physically demanding and are often conducted in harsh environmental conditions including temperature extremes, smoke, dust, bugs, rough topography and brush. DO YOU HAVE ANY HEALTH CONDITIONS AND/OR MEDICAL DISABILITIES WHICH MAY IMPARE YOU TO FULFILL YOUR JOB RESPONSIBILITIES? YES_____NO ___ IF YES, PLEASE EXPLAIN: PLEASE READ AND SIGN I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and any actions based on it. I authorize Acorn Forestry to make any reference checks relating to my employment with Acorn Forestry and I also authorize all my prior employers to provide full details concerning my past employment. I understand that Silvicultural operations may be physically demanding and are often conducted in harsh environmental conditions, including temperature extremes, smoke, dust, bugs, snakes, rough topography and brush. I understand consumer reports may be obtained as part of Acorn Forestry's evaluation of my job application/employment. The records may be procured by Morgan Insurance, and will include my driving record and assessment of my insurability under the company's insurance coverage. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as is deemed appropriate. I understand this application and all attachments are the property of Acorn Forestry and that my application may remain under consideration until the position I applied for has been staffed. If I become employed, the first 90 days of my employment are probationary. My employment is also at-will, which means that either my employer or I can end this relationship at any time. The filing of this application and the acceptance thereof does not obligate Acorn Forestry to respond in any way or take any action. Date of Birth Printed Applicant's Name

Applicant's Signature