P.O. Box 151537
Lufkin, Texas 75915-1537
info@acornforestry.net

Phone (936) 875-5400
Phone (936) 875-5410
Fax (936) 875-5401

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:_____

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 Requirement:_____

Referred by:_____ Date You Can Start:_____

Check one or more: ڤ Summer ڤ Temporary ڤ Part Time ڤ Full Time

EDUCATION RECORD

High School (Name, City, State):_____

Graduation Date:_____

Business or Technical School (Name, City, State):_____

Dates Attended:_____ Degree Earned:_____

Undergraduate College (Name, City, State):_____

Dates Attended:_____ Degree Earned:_____

Graduate School (Name, City, State):_____

Dates Attended:_____ Degree Earned:_____

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

Employer | Position/Title | Dates Employed

_____

_____

_____

SPECIAL SKILLS

These skills include clerical, computer, mechanical, languages, etc. Please be specific.

_____

_____

_____

CONVICTION RECORD

Have you ever been convicted of a violation of any local, state or federal law, other than a minor traffic violation (this includes a plea of guilty or no contest)? ف Yes ف No **If yes, please explain:**

_____

_____

_____

_____

PERSONAL REFERENCES

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…)

3-Name:_____

Work Phone:_____ Home Phone:_____

Address:_____

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.

_____ _____

Printed Applicant's Name **Date of Birth**

_____

Applicant's Signature