



SMOKEY'S

Tree & Electrical Services

Application for Employment

General Information

Last Name		First Name		MI	Date
Address		City		State	Zip
Home Phone	Alt. Phone	Email			
Are you legally entitled to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				SSN	

Position

Position or type of employment	Desired Salary	Available Start Date
Are you able to perform the job you are applying for with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Days Available <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Any		

Education and Training (if included in resume do not fill out, check here)

High School Graduate or General Education (GED) Test Passed? YES NO
 If no, highest grade level completed?

College, Vocational School, Business School, Military, or Other (most recent first)						
Name and Location	Dates Month/Year	Credits Earned		Graduate	Degree	Subject or Major
		Quarter / Semester Hrs	Other (Explain)			
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					
	From			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	To					

Employment Application Cont'd

Occupational License Certificate or Registration	Number	Where Issued	Exp. Date
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Languages, other than English, read, written or spoken fluently			

Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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Special Skills (list any valuable skills and all equipment that you can operate)

Employment History - most recent first (if included in resume do not fill out, check here)

Employer	Telephone	From:
Address		
Job Title	Number of Employees Supervised	To:
Specific Duties		Hours/Week
		Salary
		Supervisor
Reason for leaving	May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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