





LIMB WALKER TREE SERVICE

 901 Dumesnil Street Louisville, KY 40203

 502-634-0400

 reception@limbwalkertree.com

Applicant Name

Phone Number

Email Address

Social Security #

Date of Birth

Start Date

| Official use only

GTW Crew Leader	GTW 2nd	GTW 3rd	Lawn	PHC	Mosq	Official use only
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Application	Background check	Driver check	Drug check	Medical Card	Official use only
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PRE-REQUIREMENTS

Are you 19 years or older? Yes No

Do you have the legal right to work in the United States? Yes No

Have you ever been convicted of a felony, misdemeanor, or criminal violation? Yes No

This work includes climbing trees, 10 hour shifts, and carrying up to 100 pound loads.

Are you physically able to safely perform these job duties? Yes No

EDUCATION

	School Name	Level Completed	Degree Earned
High School			
Vocational / Technical			
College / University			



Employment History

List the last 3 positions held, beginning with the most recent. Include complete mailing addresses.

- Applicant to drive in interstate commerce shall provide this information on all employers for the preceeding 3 years
- Applicant to drive a vehicle requiring a CDL in interstate commerce must also provide an additional 10 years of information on those employers for whom the appicant operated the vehicles

Company Name/Address /Phone	# Dates From-To	Position Held	Reason For Leaving	Name of Supervisor

Were You Subject to FMCSRs During Employment? Yes No

Did You Perform Safety-Sensitive Functions? Yes No

Were You Subject to Required U.S. DOT Drug & Alcohol Testing Requirements of CFR 49 Part 40? Yes No

Company Name/Address /Phone	# Dates From-To	Position Held	Reason For Leaving	Name of Supervisor

Were You Subject to FMCSRs During Employment? Yes No

Did You Perform Safety-Sensitive Functions? Yes No

Were You Subject to Required U.S. DOT Drug & Alcohol Testing Requirements of CFR 49 Part 40? Yes No

Company Name/Address /Phone	# Dates From-To	Position Held	Reason For Leaving	Name of Supervisor

Were You Subject to FMCSRs During Employment? Yes No

Did You Perform Safety-Sensitive Functions? Yes No

Were You Subject to Required U.S. DOT Drug & Alcohol Testing Requirements of CFR 49 Part 40? Yes No



Driving Record

Do you have any experience in the following :

- Bucket Truck
- Truck and Chipper
- Crane

Do you have a Commercial Driver’s License?

Yes No

Issuing State

CDL License #

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended?

Yes No

If Yes, explain.

Have you ever been disqualified under § 383 or § 391 of the Federal Motor Carrier Safety Regulations?

Yes No

If Yes, explain.

I certify that I do not have more than one driver’s license.

APPLICANT’S SIGNATURE

DATE

Accident Record Last Three Years

This information will be verified

Date of Accident	Nature of Accident (overturn, jack knife, rear end, etc.)	Number of Fatalities	Commercial Vehicle	Personal Vehicle

Traffic Convictions and Forfeitures (Other Than Parking) Last Three Years *This information will be verified*

State	Date	Charge	Penalty	Commercial Vehicle	Personal Vehicle

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to Limbwalker Tree Service for purposes of investigation as required by Sections 391.23 and 391.25 of the Motor Carrier Safety Regulations. You are released for any and all liability which may result from furnishing such information.

APPLICANT'S SIGNATURE

DATE

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208),

I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the denition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002 (a)).

SIGNATURE OF REQUESTER

DATE



PREVIOUS PREEMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents a successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

PROSPECTIVE EMPLOYEE NAME

Printed Name

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

2 If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty process?

Yes No

I certify that the information provided on this document is true and correct.

PROSPECTIVE EMPLOYEE SIGNATURE

DATE

ALCOHOL AND CONTROLLED SUBSTANCE REQUIREMENTS & ACKNOWLEDGEMENT

As required by §382.601 the employer is obligated to inform and provide educational materials that explain the company's policies and practices regarding part 382 requirements:

1. The identity of the person designated by the employer to answer driver questions about the materials;
2. The categories of drivers who are subject to the provisions of part 382;
3. Information about safety sensitive functions performed and what period of the work day the driver is required to comply;
4. Information describing the conduct that is prohibited by part 382;
5. Circumstances under which a driver will be tested for controlled substance and/or alcohol, including post-accident for part 382
6. The company's testing procedures for controlled substances and alcohol, protection of the driver, integrity of the testing procedures and safeguarding the validity of the test results.
7. The requirements of drivers to submit to alcohol and controlled substances test when administered in accordance to part 382.
8. Explanation of what determines and the consequences of a refusal to submit to an alcohol and/or controlled substances test.
9. The consequences of drivers found to be in violation of subpart B part 382, including the immediate removal of a driver from safety sensitive functions, and the procedures under part 40, subpart O.
10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information describing the effects of alcohol and controlled substances on an individual's health, work, and personal life. The signs and symptoms of an alcohol or controlled substance problem, and the available methods of intervening when a problem is suspected

I Acknowledge and I am stating I have been informed and made aware of the information above.

APPLICANT'S SIGNATURE

DATE



MOBILE PHONE AND TEXTING BAN

Hand-held mobile telephone (§392.82):

No driver shall use a hand-held mobile telephone while driving a CMV, nor should a motor carrier allow or require its drivers to use a hand-held mobile telephone. Use of a mobile telephone means using at least one hand to hold the mobile device, more than one button to call or end, and reaching for a mobile phone in the manner that requires a driver to become no longer in a seated driving position, restrained by a seat belt.

Prohibition against texting (§392.80):

No motor carrier shall allow or require its driver to engage in texting, manually entering text info, or reading text from an electronic device while driving. This includes when temporarily stationary because of trac, trac control device or other momentary delays. The ban extends to e-mailing, internet, and pressing more than one button to begin or end a phone call.

Penalties:

Drivers can be disqualified for 60 to 120 days. Fines can be up to \$2,750 for drivers and up to \$11,000 for Motor Carriers who allow or require drivers to use a mobile phone to text.

I agree to follow the Federal regulations regarding this matter.

APPLICANT'S SIGNATURE

DATE

ALCOHOL AND CONTROLLED SUBSTANCE REQUIREMENTS & ACKNOWLEDGEMENT

This Certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that falsification of this information may result in refusal to hire or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, in the process of my being considered for employment by your company. I agree to conform to the guidelines of the company and acknowledge that these guidelines may be changed, interpreted, withdrawn, or added to by your company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without any prior notice at any time, at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to or after commencement of employment or make any agreement contrary to the foregoing unless in writing, signed by the president of the company. I acknowledge that I have been advised that this application will remain for no more than 90 days from the date it was made. I understand that any handbook or memorandum or other writing given to me shall not constitute express or implied contract of employment.

I understand and acknowledge that any offer of employment is expressly conditioned upon my completion of a pre-employment medical questionnaire, a review by the company's physicians of responses to that questionnaire and any other medical records that the company may wish to obtain, satisfactory completion of any medical examinations that may be required by the company, and a determination by the company that I am qualified to safely perform the job sought without a significant risk of future injury. I further understand that although this review process may take several weeks, any offer of employment remains conditional until it has been approved by the company's personnel officer.

I authorize Limbwalker Tree Service to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of Limbwalker Tree Service. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

APPLICANT'S SIGNATURE

DATE



AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant's Last Name

First

Middle

APPLICANT'S SIGNATURE

DATE