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**Application for employment** (We are an equal opportunity employer)

Date of application \_\_\_\_\_

Position applied for \_\_\_\_\_

Full Name (Last First Middle) \_\_\_\_\_

Address (Street) \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you employed? \_\_\_\_\_ If not, how long since your last job? \_\_\_\_\_

Can we contact your employer? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

**Employment History**

All driving applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List employers in reverse order starting with the most recent.

Employer Name \_\_\_\_\_ Position Held \_\_\_\_\_

From (date) \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Position Held \_\_\_\_\_

From (date) \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Position Held \_\_\_\_\_

From (date) \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Comments on reasons for leaving. Explain any gaps in employment:

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### Education

Highest grade completed \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Last school attended \_\_\_\_\_ Degree earned \_\_\_\_\_

### References

Give the names of at least three persons not related to you whom you have known at least one year:

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Business \_\_\_\_\_ Yrs acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Business \_\_\_\_\_ Yrs acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Business \_\_\_\_\_ Yrs acquainted \_\_\_\_\_

### Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what can be done to accommodate your limitation?

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In case of emergency notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Driving**

Driving accident record – Record accidents within the past three years:

Last accident (date) \_\_\_\_\_ Nature of incident \_\_\_\_\_ Injuries \_\_\_\_\_

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Licensed in which state \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_ Exp date \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license or permit been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If either of the above answers are yes, please explain \_\_\_\_\_

Have you taken any special classes or special training that may help you as a driver? \_\_\_\_\_

**Experience & Qualifications**

What hours are you available to work? \_\_\_\_\_

Will you work overtime? \_\_\_\_\_ Saturdays? \_\_\_\_\_ Unrestricted Holidays? \_\_\_\_\_

Sundays in case of emergency? \_\_\_\_\_ Out of state? \_\_\_\_\_ Can you bring your own lunch? \_\_\_\_\_

Can you recognize poison ivy, sumac, or oak? \_\_\_\_\_ Are you allergic to bee stings? \_\_\_\_\_

Do you have any other plant related allergies? \_\_\_\_\_

Are you a licensed AZ pesticide applicator? \_\_\_\_\_ If yes, please provide license # and category \_\_\_\_\_

If not, are you willing to become certified? \_\_\_\_\_ Will you work with chemicals? \_\_\_\_\_

Are you first aid certified? \_\_\_\_\_ Are you comfortable working at heights? \_\_\_\_\_

Have you operated any of the following? Check all that apply:

Chainsaw \_\_\_\_\_ String trimmer or bush saw \_\_\_\_\_ Sprayer \_\_\_\_\_ Zero turn mower \_\_\_\_\_ Front end loader \_\_\_\_\_

Mini loader \_\_\_\_\_ Stump Grinder \_\_\_\_\_ Aerial lift \_\_\_\_\_ Shovel \_\_\_\_\_ Pick \_\_\_\_\_

Can you drive a vehicle with a standard transmission? \_\_\_\_\_ Can you drive with a trailer? \_\_\_\_\_

Can you back up a truck using your mirror? \_\_\_\_\_

Please list any work experience that may help you working for this company \_\_\_\_\_

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Please list any special equipment or technical materials you can work with not previously listed \_\_\_\_\_

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Ability to perform essential functions of the job (all production positions): All production positions are physically demanding. Entry level employees in these positions are expected to (within a reasonable amount of time after commencing employment), be able to drive and operate trucks, trailers and equipment as well as run motorized mechanical equipment in a safe manner. Are you physically able to safely perform these duties with or without a reasonable accommodation? \_\_\_\_\_

**Read and sign (applicant)**

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

I authorize you 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. I hereby release employers, schools or persons named from all liability in responding to inquiries related with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand, that I am required to abide by all rules and regulations of the company as permitted by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_