

# Young's Tree Tech, LLC.

## Employee Information

### Personal Information

Full Name:

\_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address:

\_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Alternate Phone: (    ) \_\_\_\_\_

Drivers License # \_\_\_\_\_

and Class: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Work Phone: (    ) \_\_\_\_\_

### Truck Information

Make, Model and Year of Truck: \_\_\_\_\_

Truck #: \_\_\_\_\_

VIN: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Parking Location of the truck: \_\_\_\_\_

### Emergency Contact Information

Full Name:

\_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address:

\_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_

Alternate Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Professional References

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Experience level:            Years    Months

Number of Traffic Violations in Last 3 years?

Number of Accidents in Last 3 years?

Have you ever been convicted of a DUI/DWI?

Has your driver's license been revoked/suspended?

Have you Tested Positive or Refused a Drug Screen and/or Alcohol Test within the past 2 years?

Have you ever been convicted of a felony?

EMPLOYMENT HISTORY (Must go back 5 years)

1) Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Type Equip Driven: \_\_\_\_\_

Number of Accidents: \_\_\_\_\_

Employment Start Date: End: \_\_\_\_\_

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

2) Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Type Equip Driven: \_\_\_\_\_

Number of Accidents: \_\_\_\_\_

Employment Start Date: End: \_\_\_\_\_

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

3) Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_

Type Equip Driven: \_\_\_\_\_

Number of Accidents: \_\_\_\_\_

Employment Start Date: End: \_\_\_\_\_

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