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Fredericksburg, TX 78624
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Located at 105 Itz Britz Road
Fredericksburg, TX 78624
Email: info@sstrecare.com
Service Line: 830-992-0600

APPLICATION FOR EMPLOYMENT WITH SUPERIOR SERVICES TREE CARE (SSTC)

(Please complete both pages, sign, and return via email, mail, or in-person to the corresponding address above.)

NAME _____
(First) (Middle) (Last)

PHONE _____ other # _____

MAILING ADDRESS _____
(Street or PO Box) (City) (Zip)

E-MAIL ADDRESS _____ Date available for work? _____

*Are you at least 18 years of age? ___Yes ___No

*(*If the answer to this question is NO, you need not fill out anymore. Due to the use of the power cutting tools used in this business, we cannot hire anyone under the age of 18 years old for tree work.)*

List any other names used if different from name on this application: _____

Are you willing to work 40 or more hours per week, Monday through Friday? ___Yes ___No

Current Driver's License # _____ Date of Birth _____

How did you hear about this job opening? _____

This job requires working outdoors around all types of foliage and in all weather conditions. It requires the ability to lift up to 100lbs, use chainsaws, perform at up to 60' high from lift baskets, and transport/operate heavy equipment with trailers. Can you fulfill these requirements? ___Yes ___No

Do you have reliable transportation to and from work daily? ___Yes ___No

Do you have any prior commitments that will take you away from work or interfere with your ability to work 40 hours a week (Monday through Friday)? If yes, please explain. _____

Rate your experience with this scale: 1=none 2=a little 3=some 4=quite a bit 5=extensive

Prior use of: Chainsaws _____ Power Pruners _____ Stump Grinder _____ Chipper _____

Driving 4 wheel drive pickup _____ Pulling a trailer _____ Backing a trailer _____

Tell us about any certifications you may have in safety, tree care, climbing, etc.

Employment History: (Include ALL employment. Begin with your current or last position and work back to your first. EMPLOYER ADDRESSES MUST BE COMPLETE, INCLUDING ZIP CODE AND PHONE NUMBER.)

Employer: _____ Position Title: _____

Mailing Address City & State/ZIP: _____

Employer's Phone No.: (____) _____ Supervisor's Name: _____

____ Full-Time ____ Part-Time ____ Summer ____ Temp Starting Date _____ Leaving Date _____

Specific reason for leaving: _____

If currently employed, may we contact this employer for reference? ____ Yes ____ No

Employer: _____ Position Title: _____

Mailing Address City & State/ZIP: _____

Employer's Phone No.: (____) _____ Supervisor's Name: _____

____ Full-Time ____ Part-Time ____ Summer ____ Temp Starting Date _____ Leaving Date _____

Specific reason for leaving: _____

Employer: _____ Position Title: _____

Mailing Address City & State/ZIP: _____

Employer's Phone No.: (____) _____ Supervisor's Name: _____

____ Full-Time ____ Part-Time ____ Summer ____ Temp Starting Date _____ Leaving Date _____

Specific reason for leaving: _____

I declare the information above to be true and authorize any/all previous employers to share and release all information regarding my employment history with SSTC if the company chooses to inquire.

Applicant signature

Today's date