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|  | | | | | | | | EMPLOYEMENT APPLICATION | | | | | | | | | | | | | | | | |
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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** (*Last name, First name Middle Initial*) | | | | | | | **DATE OF BIRTH** (*mm/dd/yyyy*) | | | | | | | | | | | | **POSITION APPLYING** | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | |
| **ADDRESS** (*Number, Street, City, State Zip Code*) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **TELEPHONE** (*Home*) | | | | | **TELEPHONE** (*Mobile*) | | | | | | | | | **EMAIL ADDRESS** | | | | | | | | | | |
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| **PLACE OF BIRTH** (*City, Country*) | | | | | | | | | | | | | | | | | | | | **ARE YOU A US CITIZEN?** | | | | |
|  | | | | | | | | | | | | | | | | | | | | YES NO | | | | |
| In case of accident, notify: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Name** | | | | | | | | | **Relationship** | | | | | | | | | | | | | **Contact Number** | |
| Primary |  | | | | | | | | |  | | | | | | | | | | | | |  | |
| Secondary |  | | | | | | | | |  | | | | | | | | | | | | |  | |
| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Level** | | **School Name** | | | | | | | | | | | **Dates** | | | | | | | | | **Degree** | | |
| **From** | | | | **To** | | | | |
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| **WORK EXPERERIENCE (**l*ast 3 only***)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company / Location** | | | | **Date (Year)** | | | | | **Position** | | | | | | | | | **Reason for Leaving** | | | | | | |
| **From** | | | **To** | |
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| **MAJOR SKILLS: (CIRCLE YOUR ANSWERS)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you able to lift up to 75 lbs. on a regular basis? | | | | Do you hold a Maine Driver’s license?  YES NO  Class: A B C | | | | | | | | | | | Are you a licensed arborist?  YES NO | | | | | | | | | |
| YES NO | | | |  | | | | | | | | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | |  | | | | |  | | |  |
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