

**PERSONAL**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street City Province Postal Code

\_\_\_\_\_  
Home Phone Cellular

Can you legally work in Canada? Yes \_\_\_  
No \_\_\_

**DRIVER'S LICENSE**

Driver's License: Class/es: \_\_\_\_\_

Province of Issue: \_\_\_\_\_

Air brake endorsement? \_\_\_\_\_

Number of points on record: \_\_\_\_\_

Does your Driver's License require you to wear glasses? Yes \_\_\_  
No \_\_\_

**HEALTH**

Are you colour vision safe? Yes \_\_\_  
No \_\_\_

Do you have normal hearing without artificial aids? Yes \_\_\_  
No \_\_\_

Do you have any physical pre-existing conditions that may affect your performance? Yes \_\_\_  
No \_\_\_

Do you currently hold a valid BC First Responder Level I or WCB Level I Occupational First Aid Certificate or authorized out of province equivalent? Name course and total hours.

Institute: \_\_\_\_\_

Phone No: \_\_\_\_\_

Yes \_\_\_ Expiry Date \_\_\_\_\_  
No \_\_\_ (Must be kept current while active in our process)

Do you currently hold a valid CPR Certificate?

Yes \_\_\_ Expiry Date \_\_\_\_\_  
No \_\_\_

**CRIMINAL RECORD**

(Note: Conviction for a criminal or summary offense does not necessarily preclude consideration for the position. Convictions will be reviewed on the basis of their relation to this occupation).

Have you been convicted of a criminal or summary offence for which you have not received a pardon?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give date and particulars of each: \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_

College \_\_\_\_\_

Trade, business, other \_\_\_\_\_  
\_\_\_\_\_

**RELATED SKILLS, KNOWLEDGE AND ABILITIES**

**Teamwork:** Activities that demonstrate your ability to work cooperatively with others (eg. Work teams, sport teams, community organizations, school projects, etc.).

\_\_\_\_\_  
\_\_\_\_\_

**Oral Communication Skills:** Situations where you have had to demonstrate effective oral communication skills.

\_\_\_\_\_  
\_\_\_\_\_

**Written Communication Skills:** Describe your experience in expressing information and ideas in writing.

\_\_\_\_\_  
\_\_\_\_\_

**Mechanical Ability:** Experience using mechanical systems, tools, equipment and apparatus, eg. Chain saws, pruning shears, chipper machine, repairing equipment etc.

\_\_\_\_\_  
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**Physical Fitness:** Activities that you participate in on a regular basis that demonstrate maintenance of physical fitness.

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**Stress Tolerance:** Life and/or work experience that demonstrates your ability to function under pressure.

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**Driving Skills:** Experience that indicates your ability to safely drive large vehicles in various types of traffic and weather conditions.

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**Other knowledge, abilities, skills and personal qualities, eg. Computer skills**

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**REFERENCES**

Starting with your most recent, provide the direct supervisors of your work.

Name of Organization	Supervisors Name & Position	Telephone Number/s

**APPLICANT'S DECLARATION**

I certify that all statements in this application are true and correct. There is zero tolerance for deceit, dishonesty or non-disclosure of information relating to the questions in this application. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to employment with Highland Tree Service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

# Highland Tree Service cont-

## EMPLOYMENT HISTORY

Start with your present employer. Include times of self-employment, unemployment, extended travel, apprenticeship, paid on call or volunteer work.

Employers Names, addresses, and phone numbers	Describe the nature of the business	Time Employed Year/Month	Nature of work at start of employment and subsequent employment duties or responsibilities	Reason for leaving	Name of immediate supervisor and phone number
1)		FROM			NAME: TITLE: PHONE
2)		TO FROM			NAME: TITLE: PHONE
3)		TO FROM			NAME: TITLE: PHONE
4)		TO FROM			NAME: TITLE: PHONE
5)		TO FROM			NAME: TITLE: PHONE
6)		TO FROM			NAME: TITLE: PHONE
		TO			PHONE