

← Burning Tree →

APPLICATION FOR EMPLOYMENT

Driver's License No. _____ State of Issue _____ Class C Commercial (CDL) Chauffeur

Expiration Date: _____

Have you had any accidents during the past 3 years? Yes No If yes, how many? _____

Have you had any moving violations during the past 3 years? Yes No If yes, how many? _____

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, computer equipment, types of software and hardware. (Attach additional page, if necessary.) _____

Approximately how many words per minute do you type? _____

Military Service Complete this section if you served in the U.S. Armed Forces (A copy of a report of separation from the Armed Services may be required.)

Describe your duties and any special training _____

Branch of Service _____

Length of Active Duty _____ Rank at Discharge _____

Employment History Beginning with your present or most recent employment or occupation, list all of your employers for at least the last five years. It is important to provide complete information. Resume and additional supporting materials may be submitted in support of but not in lieu of the following. If you need additional space you may attach a typed employment history providing the same information in the same format as this application form.

Name of Employer:		Immediate Supervisor:	
Address:		Title:	
City & State/Zip:		Supervisor's Telephone No.:	
Employer's Telephone No.:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
		Seasonal/ Temp <input type="checkbox"/>	
Starting Date		Leaving Date	
Starting Salary		Ending Salary	
Mo.	Yr.	Mo.	Yr.
Job Title			

Summary of experience:

Specific reason for leaving:

May we contact Yes No
If not, why?

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Starting Date		Leaving Date		Starting Salary		Ending Salary	
Mo.	Yr.	Mo.	Yr.				
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Starting Date		Leaving Date		Starting Salary		Ending Salary	
Mo.	Yr.	Mo.	Yr.				
				Job Title			

Summary of experience:

Specific reason for leaving:

May we contact Yes No
If not, why?

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: (____) _____ - _____	Telephone: (____) _____ - _____

Burning Tree

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Burning Tree (BT)** (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain as an employee of **BT**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner and/or Chief Executive Officer of the Company. Both the undersigned and **BT** may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give **BT** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release **BT** from any liability as a result of such contact.

I authorize any of the persons or organizations referenced in this application to give **BT** any and all information concerning my previous employment, education, or any other information they might have. I hereby relieve and release all persons or organizations of any liability for any information they may give.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

I understand that disclosure of my Social Security Number (SSN) is optional. The company may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C 552a Section 7(b).

I also understand (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that **BT** will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as is required by the Fair Credit Reporting Act.

I understand that my employment with the Company shall be probationary for a period of **180 days**, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____

Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest Burning Tree.

Burning Tree

Applicant Consent to Obtain D.P.S. Criminal Background Check

Applicant Name: _____

Date of Application: _____

I, _____ do hereby give
Applicant Name
my consent to allow *Burning Tree* to conduct a background check using
TEXAS DEPARTMENT OF PUBLIC SAFETY records. I understand that
this documentation will be used to evaluate my future employment with
Burning Tree. If hired, I understand that this information will be placed in my
personnel record, accessible only by the management of *Burning Tree*.

Driver's License Number: _____ State: _____

Date of Birth: ____/____/____ Height/Weight: ____/____

Present Address:

Applicant Signature

Date

- Office use only -

Date DPS Background Check was conducted on this applicant? ____/____/____

Name and title of staff conducting check: _____

Ensure that a copy of the DPS check has been placed in the applicant's personnel file.

Burning Tree

Applicant Consent for Pre-Employment Drug-Screen

Applicant's Name: _____

Date of Application: _____

According to our licensing authority, DSHS (Department of State Health Services), we are required to submit all applicants to a *Pre*-employment drug test. The method of testing used shall preserve the privacy of the individual tested and ensure the integrity and identity of the specimen collected. In addition, "chain of custody" procedures are in place and documentation on the handling and storage of a specimen is maintained. All information gained from drug testing shall be held in the strictest of confidence in accord with all federal and state privacy regulations.

I, _____ do hereby give my
Applicant Name
consent to allow *Burning Tree* to conduct a pre-employment drug test. I understand that results of this test will be used to evaluate my future employment with *Burning Tree*. If hired, I understand that this information will be placed in my personnel record, accessible only by the management of *Burning Tree*.

Applicant Signature

Date

- Office use only -

Date & Time applicant submitted UA: ____ / ____ / ____ : ____ AM PM

Name & Phone # of lab: _____
Name of Drug Testing Lab Phone Number

Date & Time results of Drug test were received from Lab: ____ / ____ / ____ : ____ AM PM

Ensure that a copy of the drug test results has been placed in the applicant's personnel file.

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Application Questionnaire

Name of Applicant

Position Applying For

Date

1. What are your strengths?

2. What are your weaknesses?

3. How do you feel about working in an environment where there are stressful situations?

4. What is the extent of your computer knowledge?

5. What is the extent of your knowledge about Alcoholism and Addiction?

6. What is the extent of your knowledge about prescriptions and dealing with pharmacies?

7. How do you handle time urgent matters and multiple tasks?

8. How do you feel about traveling in high traffic areas?

9. How comfortable are you driving a 15-passenger van?

10. Are you CPR certified? If not, would you be opposed to becoming CPR certified?

11. Have you been convicted of or pleaded no contest to a felony or misdemeanor? If yes, please explain.

12. What is your availability?

13. When would you be available to start work?

14. What is your desired salary or hourly wage range?

15. How do you feel about working holidays?

16. How did you learn about this position that you are applying for?

17. How do you feel about commuting to work or relocating if necessary?

18. Is there any work task you are not comfortable performing? (Example: making coffee or sweeping the floor)
