

**THE SHADE TREE SERVICE COMPANY**

520 South Highway Drive, Fenton, MO 63026

636-343-1212

Employment Application***We are an Equal Opportunity Employer*****INSTRUCTIONS:** Complete all sections of this application. Your signature is **required** on the last page of this application. An incomplete application will be rejected. If you have any questions - ASK. **Do not write in the gray areas.****APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. Additional testing to assess job-related skills and drug testing may be required before employment. Depending on company policy and the needs of the job, you may be required to be examined by a medical professional designated by the company.**PERSONAL INFORMATION****TODAY'S DATE:**

First Name:	Middle Name:	Last Name:
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Day Phone #:	Email Address:
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Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(If hired, you will be required to provide proof of work authorization.)</small>
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Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>If No, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you're applying for and have obtained a valid work permit.</small>
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Have you ever applied at this company before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when:	Have you ever worked at this company before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when:
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Do you have a valid Driver's License or CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, provide: Driver's License or CDL#:	Class:	State:
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A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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B. Has any license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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CURRENT ADDRESS – NO P.O. BOXES

Street (No P.O. Boxes)	City	State	Zip code	How Long?
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AVAILABILITY

Position Applying For:	Date You Can Start:
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EDUCATION

School	Name & Address	Number of Years Attended	Major Subjects	Degree or Diploma?
High School				
College				
Graduate				
Business, Trade, Other				

U.S. DRAFT AND MILITARY SERVICE INFORMATION

Have you served in the U.S. Armed Forces?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(If NO, go to the next section)</small>
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Branch of Service:	Rank at Discharge:
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Rating/Specialty:	Start Date:	Discharge Date:
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Reserve Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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PAST EMPLOYERS

Name of CURRENT or LAST Employer:

Address:

Supervisor:

Position Held:

Employment Dates (month and year)

From:

To:

Reason for Leaving:

Name of Employer:

Address:

Supervisor:

Position Held:

Employment Dates (month and year)

From:

To:

Reason for Leaving:

Name of Employer:

Address:

Supervisor:

Position Held:

Employment Dates (month and year)

From:

To:

Reason for Leaving:

EMPLOYMENT REFERENCES

(Include only individuals familiar with your work ability - No relatives or personal friends)

Name:

Address:

Day Telephone:

Evening Telephone:

Years Known:

Relationship:

Name:

Address:

Day Telephone:

Evening Telephone:

Years Known:

Relationship:

Name:

Address:

Day Telephone:

Evening Telephone:

Years Known:

Relationship:

Please Read Carefully Before Signing This Form**APPLICANT:** You must read the following and sign below to be considered for employment.

I acknowledge that any false or incomplete information provided in this application may result in dismissal if I am employed.

I authorize the investigation of all information provided in this application. I also authorize the references listed to release any relevant information regarding my previous employment, and I release all parties from liability for providing such information.

I affirm that I personally completed this application and that, to the best of my knowledge, all information provided is true and complete.

Date:

Applicant
Signature:**Please email the completed application to fieldpositions@stsco.net**