

Buckley Tree Service, Inc.
d/b/a

BUCKLEY “THE TREE CARE SPECIALISTS” AND ESTATE “THE TREE CARE SPECIALISTS”

COMPANY BENEFITS

Updated: December, 2013

\$1,000 New Employee Hire Bonus

Medical and Dental Insurance

Full time employees are eligible to join after three (3) months of continuous full time employment. Buckley Tree Service currently utilizes Group Medical Preferred Provider Organization (PPO) Insurance plan incorporating a Health Savings Plan (HSA), Group Dental Expense Insurance, Group Short Term Disability Insurance and Group Member Life Insurance of \$25,000. The Company pays 55% of the premiums for the employee, spouse and/or dependants.

Profit Sharing Plan

A discretionary profit sharing contribution may be made by the Company based on profits. This may be in the form of a direct employer contribution to the 401(k) Retirement Plan, a deferral match, a payroll bonus or any combination of these.

Retirement Plan

Eligible to join after three (3) months of continuous full time employment. This plan allows you to make “pre-taxed” contributions into a 401(k) plan. Company matches with a contribution of \$.25 for each dollar of the first 6% of your contribution.

Paid Time Off

Vacation (1 week after 3 months; 2 weeks after 1 year and 3 weeks after 5 years; the first week to be used during company shutdown in December), Holidays (eligible after three (3) months of employment), and Sick Days.

Clothing and Equipment Allowance

After 1 month of employment, a budget for work related clothing, prescription safety glasses and equipment will be provided. In addition shirts and sweatshirts will be issued on an as needed basis.

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EMPLOYMENT APPLICATION & PERSONNEL RECORD FORM
EEO EMPLOYER
BACKGROUND

Name: _____

Address (Street, City, State, Zip): _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Are you 18 years old or older: _____ Have you ever been convicted of a Felony? _____

In Case of Emergency, Contact: _____

Desired Location (New Berlin, Mequon, Sauk City): _____

Position applying for: _____

Education	Name/City	Grade Completed	Degree Earned
Primary Education (High School)			
Vocation/Technical Education			
College/University			

Employment History (Last 3, starting with most recent):

Company Name, Address, Phone	Dates: From – To	Position Held	Reason for Leaving	Salary

References:

Name:	Address/Phone	Occupation	Relationship

Check all boxes for which you have experience:

<input type="checkbox"/>	Tree Climbing	<input type="checkbox"/>	Stump Grinder	<input type="checkbox"/>	Chain Saw	<input type="checkbox"/>	Spraying	<input type="checkbox"/>	Chipper
<input type="checkbox"/>	Bucket Truck	Other:							
List your experience within the arboriculture industry:									
Do you have climbing experience without spurs?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you have knowledge of knots?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Certifications and Licenses:

Commercial Driver's License	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, License No:	State:			
ISA Certified	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, State:	Certificate #:			
Pesticide Applicator's License	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, Class:				
CPR/First Aid:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, Exp. Date:				

Check all boxes for which you have experience:

<input type="checkbox"/>	Automatic Transmission	<input type="checkbox"/>	Manual Transmission	<input type="checkbox"/>	Bucket Truck
<input type="checkbox"/>	Truck & Chipper	<input type="checkbox"/>	1-Ton Truck	<input type="checkbox"/>	2-Ton Truck
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Vehicle Accident Record for past 3 years or more (attach sheet if more space is needed). Do not disclose your own injuries.

Date	Nature of Accident (Head-On, Rear-End, Etc)	Fatalities	Injuries to Others
Last Accident			
Next Previous			
Next Previous			

Traffic convictions for the past 3 years (other than parking violations).

Conviction	Date	Charge	Penalty

Federal DOT Regulations require checks on all drivers.

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle?
_____ Yes (attach statement giving details) _____ No

B) Has any license, permit or privilege ever been suspended or revoked?
_____ Yes (attach statement giving details) _____ No

Ability to perform essential functions of the job (all positions): All production positions are physically demanding. Entry-level employees in these positions are expected, within a reasonable time after they commence employment, to be able to do tree work. This work includes climbing trees and removing tree limbs using various hand and power tools on a continuous basis during an eight to ten hour shift; removing and disposing of tree limbs using various mechanized tools, which can require lifting and carrying from 50 to 100 pound loads. Most entry level employees may also be required to obtain state licenses to apply pesticides and engage in duties that require exposure to various chemicals and pesticides. Are you physically able to safely perform these job duties with or without reasonable accommodation? _____ **Yes** _____ **No**

Please Read Carefully
Application Verification and Acknowledgement

I certify that the information contained in the application is correct to the best of my knowledge and understand that falsification of this information may result in refusal to hire or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, in the process of my being considered for employment by your company. I agree to conform to the guidelines of the company and acknowledge that these guidelines may be changed, interpreted, withdrawn, or added to by your company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without any prior notice at any time, at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to or after commencement of employment or make any agreement contrary to the foregoing unless in writing, signed by the president of the company. I acknowledge that I have been advised that this application will remain for no more than 90 days from the date it was made. I understand that any handbook or memorandum or other writing given to me shall not constitute express or implied contract of employment.

I understand and acknowledge that any offer of employment is expressly conditioned upon my completion of a pre-employment medical questionnaire, a review by the company's physicians of responses to that questionnaire and any other medical records that the company may wish to obtain, satisfactory completion of any medical examinations that may be required by the company, and a determination by the company that I am qualified to safely perform the job sought without a significant risk of future injury. I further understand that even though this review process may take several weeks, any offer of employment remains conditional until it has been approved by the company's personnel officer.

Applicant Signature: _____

Date: _____

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Upon acceptance of employment at Buckley Tree Service, Inc., I understand that I will be required to take a drug/alcohol screening within the first week of employment.

Name: (print) _____

Signature: _____

Date: _____

Motor Vehicle Record Release & Authorization Form

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and its insurance agent, whose names and addresses are as follows:

Name and Address of Employer:

Buckley "The Tree Care Specialists"
1700 S Johnson Road
New Berlin, WI 53146

Name and Address of Insurance Agent:

American Advantage Insurance Group
Jon Oaks
2311 W Silvernail Rd
Pewaukee, WI 53072

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name: _____

Address: _____

Driver's License Number: _____

State Licensed In: _____

Date of Birth: _____

Signature: _____

(Complete only if you are currently a CDL Driver)

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And
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Human Resources Department

Buckley Tree Service – CDL Release Form

Release and Documentation from Previous DOT Employer

Federal Department of transportation (DOT) regulations (49CFR 10.25) require that a check be made of all potential covered service employees previously employed by DOT regulated employers to determine if there are any positive results for drugs of alcohol or other violations of DOT agency drug or alcohol testing regulations and if DOT return to duty requirements were completed. Failure to provide this written consent will prevent you from performing safety sensitive functions and may eliminate you as an employee.

AUTHORIZATION BY APPLICANT TO RELEASE INFORMATION:

I, _____, hereby authorize _____
Applicant’s Name (Print) Previous DOT required Employer

Company Name Company Phone Company Fax

To release to: Buckley Tree Service, Inc.
1700 S Johnson Rd
New Berlin, WI 53045

Any positive controlled substance test results, alcohol test with a result of .04 percent or greater, evidence of refusal to be tested, evidence of any other violations of DOT alcohol rule violations; SAP professional evaluation; determination of DOT agency drug and alcohol testing regulations to be released immediately.

Dated this ____ day of _____, 20____. Soc. Sec. No: _____

Signature of Applicant: _____