



Employment Application

Print out and complete form. Scan and email to info@hgTreeCare.com or mail to or deliver to 12586 Heather Park Drive, Granger, IN 46530.

Last Name	First Name	Middle Initial
Street Address		
City/State/Zip		
Date of Birth	Phone	
Email		
Parent Email	Student Email	
Date available to begin work		
Days/hours available to work:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> No preference	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday

School History

High School	City/State	Yrs completed	
College	City/State	Yrs completed	Major/Degree
Business/Trade School	City/State	Yrs completed	Major/Degree
Professional School	City/State	Yrs completed	Major/Degree

Personal Information

Do you have a driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	What is your means of transportation to work?	
If yes, driver's license number	State	Expiration date
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffer		
How many accidents have you had during the past three years?		
How many moving violations have you had during the past three years?		
Have you been convicted of a crime? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please explain number of convictions, nature of offense(s), how recently offense(s) were committed, sentence imposed, and type of rehabilitation.		

Work History

Employer Name	
Full Street Address	City/State/Zip
Supervisor Name	Employment dates: From To
List duties performed, skills learned, or advancements during employment	
Reason for leaving	

Employer Name	
Full Street Address	City/State/Zip
Supervisor Name	Employment dates: From To
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Reason for leaving	

References (list two references OTHER THAN relatives or previous employers)

Name	Relationship
Job Title	Phone

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Job Title	Phone

All the information given on this application is true to the best of my knowledge.

Applicant's Signature _____ Date _____