

# GARCIAS TREE EXPERTS

General Contractors Inc.

GarciasTreeServices.com | 301-518-3213 | 301-464-2596

GarciasJobs@Gmail.com

✂ WE ARE HIRING — JOB APPLICATION ✂

Tree Service Professionals: Climbers, CDL Drivers & Crew Members

## 1. Personal Information

|                             |   |                |
|-----------------------------|---|----------------|
| <b>Full Name *</b>          | <b>Date</b>   |                |
| Last name, First name       |   |                |
| <b>Phone (Primary) *</b>    | <b>Phone (Secondary / WhatsApp)</b>                     | <b>Email</b>   |
| (301) 000-0000              | (301) 000-0000  | your@email.com |
| <b>Current City / State</b> | <b>Are you legally authorized to work in the USA? *</b> |                |
| City, State                 | -- Select --  |                |

## 2. Position You Are Applying For \*

- Tree Climber (Arborist)  Ground Crew / Laborer  CDL Driver (Truck / Chipper)  Foreman / Crew Leader  
 Other: \_\_\_\_\_

## 3. Work Experience

|   |  |
|---|--|
| <b>Years of experience in tree services *</b> | <b>Have you worked with a boom truck / bucket truck?</b> |
| -- Select --                                  | -- Select --   |

**Briefly describe your experience in tree services:**

E.g.: 5 years climbing, pruning, removals, stump grinding with XYZ company in Maryland...

**Previous employer(s) in tree services:**

Company name, city, approximate dates

## 4. Driver's License

|  |                     |                      |
|--|---------------------|----------------------|
| <b>Do you have a valid driver's license? *</b> | <b>License type</b> | <b>License State</b> |
| -- Select --                                   | -- Select --        | MD, VA, DC...        |

|   |                               |
|---|-------------------------------|
| <b>Clean driving record (no tickets / accidents in last 3 years)? *</b> | <b>If no, please explain:</b> |
| -- Select --  | _____                         |

## 5. Certifications (check all that apply)

- ISA Certified Arborist  OSHA 10 / OSHA 30  First Aid / CPR  None  Other: \_\_\_\_\_

## 6. Availability & Desired Compensation

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>When can you start?</b>  | <b>Available to work weekends?</b> |
| Immediately / specific date | -- Select --                       |

**Based on your experience, what is your expected pay?** \$ \_\_\_\_\_ / hour OR \$ \_\_\_\_\_ / day

(Fill in one or both)

## 7. Professional Reference

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| Name      | Relationship                    | Phone          |
|-----------|---------------------------------|----------------|
| Full name | Former supervisor, co-worker... | (000) 000-0000 |

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## 8. Additional Comments

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Anything else you'd like us to know about you...

## 9. Acknowledgment

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I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that false information may be grounds for rejection or termination.

**Signature**

**Date**

Type your full name as signature

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**Garcias Tree Experts - General Contractors Inc.**  
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[GarciasJobs@Gmail.com](mailto:GarciasJobs@Gmail.com)

Thank you for your interest in joining our team!