



**Renewable Resources**  
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**Barnesville GA, 30204**  
 770-358-3886 • Direct: 770-584-2248  
*Specializing in Environmental Restoration*  
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## Employment Application

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Number Street Name City State ZIP (Area Code) Number

Last School Attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Do you read or speak any foreign languages? \_\_\_\_\_

Do you currently have a valid Drivers License? \_\_\_\_\_ Through which state? \_\_\_\_\_

Do you have steady transportation? \_\_\_\_\_

Have you had any accidents or traffic tickets in the last three years? \_\_\_\_\_

Name, address and telephone number of your last three employers and a brief job description:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

May we contact these employers? \_\_\_\_\_ What was your reason for leaving your last place of employment?  
 \_\_\_\_\_

Who can we contact in case of an emergency? \_\_\_\_\_

Are you able to travel? \_\_\_\_\_ For what period of time? \_\_\_\_\_

Please check the type(s) of experience you have:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chainsaws                  | <input type="checkbox"/> Hand tree planting         | <input type="checkbox"/> Herbicide applicators license |
| <input type="checkbox"/> Tree Injection             | <input type="checkbox"/> Machine tree planting      | <input type="checkbox"/> CDL license                   |
| <input type="checkbox"/> Bull dozier                | <input type="checkbox"/> Planting with a dibble bar | <input type="checkbox"/> Red Cross certification       |
| <input type="checkbox"/> Excavator                  | <input type="checkbox"/> Planting with a hoedad     | <input type="checkbox"/> Debris removal                |
| <input type="checkbox"/> Trencher                   | <input type="checkbox"/> Backpack spraying          | <input type="checkbox"/> Planned burning               |
| <input type="checkbox"/> Drainage Pipe installation | <input type="checkbox"/> Road construction          | <input type="checkbox"/> Band spraying                 |
| <input type="checkbox"/> Commercial logging         | <input type="checkbox"/> Diesel or Gas mechanic     | <input type="checkbox"/> Wildlife identification       |
| <input type="checkbox"/> Small engine repair        | <input type="checkbox"/> Plant identification       |  |
- 
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Contract management                         | <input type="checkbox"/> Accounting      | <input type="checkbox"/> Word processing  |
| <input type="checkbox"/> Internet literacy                           | <input type="checkbox"/> Crew leadership | <input type="checkbox"/> Experience with secured materials (eg. payroll transportation) |
| <input type="checkbox"/> Personnel evaluation and policy enforcement | <input type="checkbox"/> Client liaison  |   |
|  | <input type="checkbox"/> Engineering     |   |

## Medical Questionnaire

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Do you use alcohol? \_\_\_\_\_ Do you receive disability payments? (SSI) \_\_\_\_\_

How would you describe your physical condition?

- Poor                       Average                       Good                       Excellent                       Superman!

How is your aerobic capacity?

- Poor                       Average                       Good                       Excellent                       Superman!

How is your strength?

- Poor                       Average                       Good                       Excellent                       Superman!

Have you ever suffered from, been hospitalized or treated for any of the following:

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Back pain  | <input type="checkbox"/> Slipped disc | <input type="checkbox"/> Bad sprain or strain |
| <input type="checkbox"/> Hernia     | <input type="checkbox"/> Bursitis     | <input type="checkbox"/> Heart Disease        |
| <input type="checkbox"/> Stiff neck | <input type="checkbox"/> Broken bone  | <input type="checkbox"/> Emphysema            |

If you answered yes to any of the conditions above please give a brief description: \_\_\_\_\_

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Do you exercise regularly? \_\_\_\_\_ How? \_\_\_\_\_

Do you have any physical or mental limitations? Please explain: \_\_\_\_\_

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Please tell us a little about you, this would be a great place to list any skills or interests that you have.

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Do you use illegal drugs? \_\_\_\_\_ If hired, would you be willing to submit to periodic drug tests? \_\_\_\_\_

I certify that the above statements are true to the best of my knowledge and I understand that Renewable Resources may verify facts stated by checking references with persons and/or institutions named above, unless asked specifically by me not to.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_