



APPLICATION FOR EMPLOYMENT

Freestone Environmental Services, Inc. is an equal opportunity employer. We recruit, employ, train, compensate, and promote without regard to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, disability, veteran status, or any other basis protected by applicable federal, state or local law.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
H.S. Name, Location, Year:						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most recent first, Include voluntary work and military experience, append additional information as needed)

Employer	Telephone Number () -	From (mm/yy)
Address		To (mm/yy)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Employer	Telephone Number () -	From (mm/yy)
Address		To (mm/yy)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Employer	Telephone Number () -	From (mm/yy)
Address		To (mm/yy)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Employer	Telephone Number () -	From (mm/yy)
Address		To (mm/yy)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties		Last Salary
		Supervisor
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		

How did you hear about this position? (Please specify which journal, website, recruiter, or individual if applicable.)

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
