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## EMPLOYMENT APPLICATION

Acorn Forestry Is an Equal Opportunity Employer

### PERSONAL INFORMATION

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

Name (Last, First, Middle): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Can you prove your U.S. Citizenship? Circle one      Yes                      No

If not a citizen, give Visa No. and Expiration Date: \_\_\_\_\_

### WORK PREFERENCES

Position You Are Applying For: \_\_\_\_\_

Title: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Check one or more:    8-5    1-5    Shift    Summer    Temporary    Part Time    Full Time

### EDUCATION RECORD

High School (Name, City, State): \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Business or Technical School (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Undergraduate College (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Graduate School (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**WORK HISTORY** (Give information about your last three jobs beginning with the most recent)

1-Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/Duties: \_\_\_\_\_

Manager's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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2-Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/Duties: \_\_\_\_\_

Manager's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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3-Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/Duties: \_\_\_\_\_

Manager's Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**OTHER EXPERIENCE**

Employer

Position/Title

Dates Employed

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**SPECIAL SKILLS**

These skills include clerical, computer, mechanical, languages, etc. Please be specific.

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**CONVICTION RECORD**

Have you ever been convicted of a violation of any local, state or federal law, other than a minor traffic violation (this includes a plea of guilty or no contest)? Yes No **If yes, please explain:**

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**PERSONAL REFERENCES**

1-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

2-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**PERSONAL REFERENCES** (continued...)

3-Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**MISCELLANEOUS:**

DO YOU HAVE A CDL: YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

HOW IS YOUR DRIVING RECORD? GOOD OK NOT SO GOOD

IS TRAVELING OK? YES NO

DO YOU OWN YOUR OWN TRANSPORTATION? YES NO

DO YOU HAVE ANY HEALTH CONDITIONS AND/OR MEDICAL DISABILITIES WHICH MAY IMPARE YOU

TO FULFILL YOUR JOB RESPONSIBILITIES? YES NO

IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN**

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and any actions based on it. I authorize Acorn Forestry to make any reference checks relating to my employment with Acorn Forestry and I also authorize all my prior employers to provide full details concerning my past employment. I understand consumer reports may be obtained as part of Acorn Forestry's evaluation of my job application/employment. The records may be procured by Morgan Insurance or Choicepoint, Inc, and will include my driving record and assessment of my insurability under the company's insurance coverage. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as is deemed appropriate. I understand this application and all attachments are the property of Acorn Forestry and that my application may remain under consideration until the position I applied for has been staffed. If I become employed, the first 90 days of my employment are probationary. My employment is also at-will, which means that either my employer or I can end this relationship at any time. The filing of this application and the acceptance thereof does not obligate Acorn Forestry to respond in any way or take any action.

\_\_\_\_\_  
**Printed Applicant's Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver License #**