



Dear Applicant:

Thank you for considering Forest Regeneration Services, Inc. (FRS) as a possible employer. We appreciate your interest in becoming part of our growing team.

Please read this page carefully BEFORE you begin to fill out the enclosed application form. If you agree with the terms outlined below, then please fill out our application and submit it to us.

It is very important that you fill out your application legibly, truthfully, and entirely. Missing information or illegible portions of your application may significantly delay the processing of your application. Also make sure that you have your valid up-to-date driver's license and social security card (or other approved forms of identification) available, as these documents will be required prior to employment.

Due to the fact that our services necessitate transporting equipment from job site to job site, FRS requires a background screening and Driver's License/Motor Vehicle check, in addition to drug screening. If for any reason you would refuse to take a drug screen test, or refuse to authorize a DL/MV check, you need not apply.

If your background screening or DL/MV check reveals any of the following, we may be unable to consider you for employment. This is in accordance with FRS policies, as well as insurance requirements:

1. If you were convicted of or pled guilty to a felony or misdemeanor involving theft, violence, dishonesty, sexual abuse or assault, or the use of or possession of weapons.
2. If you have a revoked or suspended motor vehicle license, or have motor vehicle records that are inconsistent with our safe driving requirements, which includes but is not limited to the following:
 - A. If you ever received a DUI, DWI, or conviction for illegal drug/alcohol possession while driving
 - B. If you have more than five (5) points on your driving record
 - C. If you have had more than one at-fault accident in a twelve-month period
 - D. If you do not have a current, valid driver's license

Again, if any of the above applies to you, we may be unable to consider you for employment.

Thank you again for your interest in our company. We look forward to receiving your application.

Sincerely,

Linda Liv Rose

Linda Liv Rose
President

ATTENTION APPLICANTS!

THIS IS THE MOST IMPORTANT PART OF THE APPLICATION PROCESS

Your application is the first impression on a future employer, and determines whether that employer will want to call you in for an interview. Think of this page as the PRE-INTERVIEW, and answer the following questions carefully.

◆ To ensure a safe work environment, FRS, Inc. may require drug tests, criminal background checks and driver records before employment can be considered. *Do you have any concerns about being approved for employment?*

◆ The services FRS provides to its clients are very time-sensitive and require the ability to move and think quickly and efficiently. *Are you able to handle stress effectively and be motivated to meet time commitments?*

◆ Some materials used in our services are heavy. Consequently, you must be able to handle heavy items from time to time. *Do you have any medical conditions that would prevent you from performing day-to-day material handling and lifting?*

◆ FRS services the entire state of Pennsylvania, and you will be required to drive long distances, and sometimes on your own. *Do you feel confident in your ability to read a map while on route and follow directions?*

Do you have any medical conditions that may limit your ability to sit or drive for extended periods of time?

Do you have any concerns about working away from home for extended periods of time?

If so, what are they?

◆ It is important to FRS as a prospective employer to hire people with an outstanding work ethic, who will be at work when scheduled and complete their work in a thorough and timely manner. *Do you take pride in your work? Is it important to you that you perform your job to the best of your abilities?*

◆ Finally, FRS would like to know what drove you to apply for a job with us. Money? Opportunity? Adventure? We run a fairly informal ship here, but there are still a hundred little rules that we must follow, some of which are government regulated. And this job is always changing, so you have to be prepared to adapt. *So, in summary, tell me what you expect to get out of this job, and what the company can expect to get out of you.*

Applicant's printed name and signature: _____

THANK YOU for Considering Employment with FOREST REGENERATION SERVICES, INC.



Application for Employment

Page 1

Basic Information

Date: _____

FULL NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. #	CITY	STATE	ZIP + 4	
PERMANENT ADDRESS	APT. #	CITY	STATE	ZIP + 4	
ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME PHONE ()		CELL or OTHER PHONE ()	
POSITION APPLYING FOR		DATE YOU CAN START		SALARY / WAGE DESIRED \$ /	
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, WHY ARE YOU LEAVING YOUR PRESENT JOB?			
WHO REFERRED YOU TO FRS?		NEWSPAPER AD <input type="checkbox"/>		EMPLOYMENT AGENCY <input type="checkbox"/>	
FRIEND <input type="checkbox"/>		STATE EMPLOYMENT OFFICE <input type="checkbox"/>		RELATIVE <input type="checkbox"/>	
OTHER: _____					
ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.A. AND CAN PROVIDE PROOF OF IT?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY FELONY, OR TO A MISDEMEANOR INVOLVING THEFT, VIOLENCE, DISHONESTY, SEXUAL ABUSE OR ASSAULT, OR THE USE OR POSSESSION OF WEAPONS?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
IF YES, PROVIDE AN EXPLANATION OF ANY SUCH CHARGES, INCLUDING THE NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION.					

Education

SCHOOL	NAME AND LOCATION OF SCHOOL	# YEARS	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGH SCHOOL		GED? YES <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	

General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK OR SPECIAL TRAINING/SKILLS
HOBBIES AND INTERESTS

Driving Record

DO YOU HOLD A CURRENT, VALID DRIVER'S LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, STATE OF ISSUE: _____
IF YES, WHAT CLASS OF LICENSE TO YOU HOLD?	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/> M <input type="checkbox"/>
DRIVER'S LICENSE NUMBER: _____	EXPIRATION DATE: _____		
HAVE YOU PREVIOUSLY BEEN EMPLOYED AS A DRIVER, OR WERE REQUIRED TO DRIVE AS PART OF YOUR JOB DUTIES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES, WERE YOU FOUND TO BE AT-FAULT FOR A WORK-RELATED VEHICLE ACCIDENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DURING THE LAST 12 MONTHS: NUMBER OF AT-FAULT VEHICLE ACCIDENTS _____	NUMBER OF MOVING VIOLATIONS _____		
HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE, OR HAVE YOU EVER RECEIVED A DUI / DWI?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military

HAVE YOU EVER SERVED IN THE ARMED FORCES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE ENTERED: _____
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE DISCHARGED: _____
SPECIALTY			

Previous Employment and Work Experience

— Please complete even if resumé will be attached

PLEASE LIST YOUR WORK EXPERIENCE FOR AT LEAST THE PAST FIVE YEARS , BEGINNING WITH YOUR MOST RECENT JOB (OR PRESENT EMPLOYER, IF STILL EMPLOYED). IF YOU WERE SELF-EMPLOYED, GIVE YOUR COMPANY'S NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.			
1) COMPANY NAME		PHONE ()	
ADDRESS	CITY	STATE	ZIP + 4
EMPLOYED FROM _____ TO _____	STARTING WAGE \$ _____ ENDING WAGE \$ _____		
SUPERVISOR'S NAME & TITLE		YOUR JOB TITLE	
REASON FOR LEAVING (BE SPECIFIC):		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED/LEARNED, AND ADVANCEMENTS/PROMOTIONS EARNED AT THIS COMPANY			
2) COMPANY NAME		PHONE ()	
ADDRESS	CITY	STATE	ZIP + 4
EMPLOYED FROM _____ TO _____	STARTING WAGE \$ _____ ENDING WAGE \$ _____		
SUPERVISOR'S NAME & TITLE		YOUR JOB TITLE	
REASON FOR LEAVING (BE SPECIFIC):		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED/LEARNED, AND ADVANCEMENTS/PROMOTIONS EARNED AT THIS COMPANY			

Previous Employment and Work Experience (continued)

3) COMPANY NAME			PHONE ()
ADDRESS	CITY	STATE	ZIP + 4
EMPLOYED FROM _____ TO _____		STARTING WAGE \$ _____	ENDING WAGE \$ _____
SUPERVISOR'S NAME & TITLE		YOUR JOB TITLE	
REASON FOR LEAVING (BE SPECIFIC):		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED/LEARNED, AND ADVANCEMENTS/PROMOTIONS EARNED AT THIS COMPANY			

4) COMPANY NAME			PHONE ()
ADDRESS	CITY	STATE	ZIP + 4
EMPLOYED FROM _____ TO _____		STARTING WAGE \$ _____	ENDING WAGE \$ _____
SUPERVISOR'S NAME & TITLE		YOUR JOB TITLE	
REASON FOR LEAVING (BE SPECIFIC):		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED/LEARNED, AND ADVANCEMENTS/PROMOTIONS EARNED AT THIS COMPANY			

5) COMPANY NAME			PHONE ()
ADDRESS	CITY	STATE	ZIP + 4
SUPERVISOR'S NAME & TITLE		YOUR JOB TITLE	
EMPLOYED FROM _____ TO _____		STARTING WAGE \$ _____	ENDING WAGE \$ _____
REASON FOR LEAVING (BE SPECIFIC):		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED/LEARNED, AND ADVANCEMENTS/PROMOTIONS EARNED AT THIS COMPANY			

Professional References

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PRIOR EMPLOYERS			
1) NAME	POSITION		
COMPANY NAME			PHONE
ADDRESS	CITY	STATE	ZIP + 4
2) NAME	POSITION		
COMPANY NAME			PHONE
ADDRESS	CITY	STATE	ZIP + 4

Personal References

PLEASE LIST TWO CLOSEST LIVING RELATIVES			
1) NAME	RELATIONSHIP		PHONE
ADDRESS	CITY	STATE	ZIP + 4
2) NAME	RELATIONSHIP		PHONE
ADDRESS	CITY	STATE	ZIP + 4

Application Form Waiver -- Please read carefully

In exchange for the consideration of my job application by Forest Regeneration Services, Inc. (hereinafter called "FRS"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of FRS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of FRS. Both the undersigned and FRS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that FRS may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give FRS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release FRS from any liability as a result of such contact. I also understand that (1) FRS has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of this employment application, FRS may request from a consumer reporting agency an investigative consumer report including information as to my credit records, driving records, character, general reputation, personal characteristics, and mode of living. I further understand that FRS may also request at its discretion, a background check from consumer, state, or federal agencies. Upon written request from me, FRS will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that 1) my employment with FRS shall be probationary for a period of 180 days, and further that at any time during the probationary period or thereafter, my employment relation with FRS is terminable at will for any reason by either party; and 2) that there is a company insurance deductible of which I am responsible for any damage that is my fault to the company vehicles or property or damage to other property which I have caused; 3) that I am responsible for any costs incurred by FRS due to a lack or fault of my own in doing the job or responsibilities as described to me and that I give my permission to deduct such costs from my paycheck(s) and, 4) that OSHA regulations prohibit me from chewing gum, chewing tobacco, eating food, smoking cigarettes, and using other oral substances during my performance of certain job duties.

Signature of Applicant: _____ **Date:** _____