



2023 PHS Workforce Development Tree Care Training Application

Name: (First, Last) _____ Date: _____

Phone number: _____ Email: _____

Current Address: _____ Zip Code _____

Recent employment history #1

- Employer:
- Position(s)
- Dates employed:
- Reason for leaving:

Recent employment history #2

- Employer:
- Position(s)
- Dates employed:
- Reason for leaving:

Why are you interested in a job in the landscaping & tree care industry ? _____

Are you available to enroll in the 6-week training sessions which runs 8am-2:30pm daily?

- **COHORT I: 2/20/2023 – 3/31/2023** Yes _____ No _____

Are you available to start Full time work at end of program? Yes _____ No _____

Are you able to work outside in hot, cold, or rainy weather? Yes _____ No _____

Can you lift 40 pounds repeatedly? Yes _____ No _____

Are you physically able to stand for 8+ hours working with power and hand tools? Yes _____ No _____

Do you have a valid driver’s license? (this is not required) Yes _____ No _____