

GENERAL

Full Name: _____ Date: _____

Address: _____
Street Address (NO P.O. BOX) Apartment/Unit #

_____ *City State Zip Code*

Phone: () _____ Date of Birth: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? (Proof of citizenship/immigration status & identity is required upon employment)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

MOTOR VEHICLE INFORMATION

Do you have a valid Driver's License? YES NO

License Number: _____ State: _____

Have you been convicted of any moving violation(s) in the past 5 years? YES NO

If yes give date(s) and explanation:

PERSONAL INFORMATION

On what date can you start: _____

Are you available to work Full Time Part Time Weekends

How were you referred to us? _____

Are you employed now? YES NO

How much time have you lost from work during the past 12 months? Explain:

Why do you desire to change employment?

Are you on lay-off and subject to recall? YES NO

Have you ever been discharged or requested to resign from a position? YES NO

Would you have steady transportation to work? YES NO

Can you travel if a job requires it? YES NO

Have you ever been refused bond? YES NO

AGREEMENT

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history , financial, criminal, credit, and motor vehicle records through any investigative or credit agencies , or bureaus of your background. A criminal record or sentence is not an automatic disqualification for employment. I have read, understand, and agree with this statement.

(Please initial here)_____

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I'm acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the scope of this investigation consumer report. I have read and understand this statement.

(Please initial here)_____

I understand that employment at this organization is "at will" and includes no guarantee, contract, or promise of employment for any specific length of time. I have read and understand this statement.

(Please initial here)_____

I authorize the use of any information in this application to verify my statements. And I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I have read and understand this statement.

(Please initial here)_____

I understand that DC-Scientific Pest Control Inc. has a commitment to maintain and alcohol/drug free workplace. I further understand and agree that if I'm employed , I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read and understand this statement.

(Please initial here)_____

(Signature of Applicant)

Date: _____

In case of emergency, I authorize you to notify:

Name: _____ Home # _____

Work # _____ Cell # _____