

# A+ Pest Control

## Application for Employment

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE BOTH PAGES

DATE \_\_\_\_\_

**Name**

\_\_\_\_\_  
Last First Middle Maiden

**Present address**

\_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Position applied for (1) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Days/hours available to work (Be specific)**

No Pref \_\_\_\_\_ Thur \_\_\_\_\_ how many hours can you work weekly? \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_ Can you work Saturdays? YES NO  
Wed \_\_\_\_\_ When available for work? (Start Date): \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME (check one)

Education	TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION
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NUMBER OF YEARS COMPLETED \_\_\_\_\_ MAJOR & DEGREE \_\_\_\_\_

DEGREES  High School  College/Bus.  Trade School  Professional School \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  No  Yes

If yes, explain 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.

DO YOU HAVE A **DRIVER'S LICENSE**?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

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Driver's license  
Number \_\_\_\_\_ State of issue \_\_\_\_\_ Commercial (CDL) \_\_ Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Can you drive a manual transmission? \_\_\_\_\_

## OFFICE WORK EXPERIENCE

Word \_\_ Typing \_\_ WPM \_\_\_\_\_ 10-key \_\_ Credit Card Processing PC Computer \_\_ Mac \_\_\_\_\_

Other Skills: \_\_\_\_\_

## REFERENCES:

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

## MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes \_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes \_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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## WORK EXPERIENCE

Please list your work experience for the **past two years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets or use the back if necessary.**

Name of employer: \_\_\_\_\_

Address \_\_\_\_\_

Name of last Supervisor \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Employment dates \_\_\_\_\_ Phone number \_\_\_\_\_

Dates \_\_\_\_\_ Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address \_\_\_\_\_

Name of last Supervisor \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Employment dates \_\_\_\_\_ Phone number \_\_\_\_\_

Dates \_\_\_\_\_ Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_

May we contact your past and present employers?  Yes  No

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

\_\_\_\_\_  
Signature Date