



American Pest Control, Inc.

www.ampest.com

EMPLOYMENT APPLICATION

APPLICANT NOTE: This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. All questions must be answered completely and accurately. False information, omissions or misrepresentations of facts on this form are grounds for terminating the application process or, if discovered after employment, grounds for termination of employment. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. You must be able to produce applicable documents proving that you are a United States citizen or alien lawfully authorized to work in the United States in accordance with the Immigration Reform and Control Act of 1986. Applications are kept on file for 6 months.

PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Address			City		State Zip Code
() Home Telephone Number		() Cell Phone Number		E mail	

Position you are applying for	Salary range desired	Date available to start work
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HOW DID YOU FIND OUT ABOUT THIS JOB OPENING? _____

EDUCATION

	High School	Undergraduate/ College/University	Graduate/ Professional	Military Schooling
School Name and Location				
Dates of Attendance				
Diploma / Degree				
Major / Minor				

Are you currently attending school? Yes or No (Circle one)

If YES, please list name of school and anticipated year of graduation:

State any additional information you feel may be helpful to us in considering your application (Honors, Awards, Specialized Training, Apprenticeship Skills, and Professional Associations):

Last Name		First Name

EMPLOYMENT HISTORY

This entire section must be completed. List all periods of employment and/or unemployment since your first regular full time job, in reverse order beginning with your most recent experience:

COMPANY NAME	DATE STARTED (MO & YR)	BASE PAY RATE ONLY START:
COMPANY ADDRESS	DATE ENDED (MO & YR)	END:
CITY, STATE, ZIP	JOB TITLE	OTHER COMPENSATION (BONUS, OVERTIME, ETC.)
Duties and responsibilities (duties may be elaborated on a supplemental sheet.) Note if you were part-time or temporary		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER	EXPLAIN REASON FOR LEAVING: RESIGNED: _____ LAID OFF: _____ DISCHARGED: _____ OTHER: _____

COMPANY NAME	DATE STARTED (MO & YR)	BASE PAY RATE ONLY START:
COMPANY ADDRESS	DATE ENDED (MO & YR)	END:
CITY, STATE, ZIP	JOB TITLE	OTHER COMPENSATION (BONUS, OVERTIME, ETC.)
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CITY, STATE, ZIP	JOB TITLE	OTHER COMPENSATION (BONUS, OVERTIME, ETC.)
Duties and responsibilities (duties may be elaborated on a supplemental sheet.) Note if you were part-time or temporary		
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER	EXPLAIN REASON FOR LEAVING: RESIGNED: _____ LAID OFF: _____ DISCHARGED: _____ OTHER: _____

Last Name	First Name	

PROFESSIONAL REFERENCES

Provide 3 (three) additional names of Supervisors, Managers, Associates, Clients, etc. (**Not** Relatives) that we may contact, who have knowledge of your employment / educational background, skills and character.

Name and Title	Address	Phone Number	Years Acquainted

PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION - *This statement must be answered!*

I grant my approval for American Pest Control to conduct reference, background and police checks.
 Yes No

APPLICANT AGREEMENT AND CERTIFICATION

The information I have provided herein is correct and complete to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated. I authorize American Pest Control to contact previous employers, except where otherwise noted, for reference and verification of statements made. American Pest Control has my authorization to investigate my medical and personal history for job-related purposes. I will not hold any official American Pest Control representative liable for giving or receiving information in this investigation.

I understand that if American Pest Control employs me that I may terminate my employment at any time and that American Pest Control may terminate my employment without notice or cause. I agree to abide by the rules and regulations of American Pest Control and I understand that American Pest Control will not enter into any agreement or contract, verbal or written, concerning length of employment, wages, benefits or other conditions of employment. At termination, American Pest Control is liable only for wages or salary or benefits earned as of the date of my termination.

I understand that my initial employment and continued employment with American Pest Control is contingent upon satisfactory reference, background and police checks.

American Pest Control is an Equal Opportunity Employer. No question on this application is used for the purpose of discriminating, limiting or excluding any applicant from consideration for employment on a basis prohibited by Local, State or Federal law.

My signature below indicates I have read and agree to all the certifications and authorizations in this application.

Name _____ Date _____

Applicant Signature _____ Date _____