

Angel Pest Control

EMPLOYMENT APPLICATION



INSTRUCTIONS:

This application is intended for use in evaluating your qualifications for employment.

Please answer all questions completely and accurately.

All applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, uses of guide or support animal because of blindness, deafness or physical handicap or the presence of disabilities

POSITION APPLYING FOR:

PERSONAL HISTORY

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Social Security Number _____

Are you over 18 years of age? Yes No

If not, what is your birth date? _____ / _____ / _____

Have you worked at Angel Pest Control before? Yes No

If yes, Where? _____ When? _____ / _____ / _____

How did you learn about us?

Can you perform the essential functions for which you are applying? Yes No

If no, please describe _____

Are you legally eligible for employment in the United States? Yes No

Proof of citizenship or immigration status will be required within 3 days of hire.

Have you ever been convicted of a felony or misdemeanor? Yes No

City/State _____ Charge _____

Please explain _____

Date you can start ____/____/____ Availability: Full Time Part Time Shift Work Temporary

Are you willing to work overtime? Yes No

Are you willing to work weekends? Yes No

Holidays: Yes No

What Shifts are you available for? Day Evening Nights

Do you have a way to get to and from work? Yes No

Do you hold a valid drivers license? Yes No If yes, Provide State

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYER:

May we contact your current employer? Yes No

Name _____ Phone _____

Address _____

Supervisor: _____

Positions/ Duties: _____

Reason For Leaving: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

NEXT PREVIOUS EMPLOYER:

We will contact this employer about this application.

Name _____ Phone _____

Address _____

Supervisor: _____

Positions/ Duties: _____

Reason For Leaving: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

NEXT PREVIOUS EMPLOYER:

We will contact this employer about this application.

Name _____ Phone _____

Address _____

Supervisor: _____

Positions/ Duties: _____

Reason For Leaving: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

EDUCATION

Last year of education completed: _____

High School: _____ City _____ State _____

College/University: _____ City _____ State _____

Business/Technical: _____ City _____ State _____

MILITARY

Are you a veteran? Yes No If yes, what branch of Service? _____

If Yes, beginning date and ending date of active duty: From: _____ To: _____
Yr/Mo Yr/Mo

REFERENCES

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name _____ Phone _____	Name _____ Phone _____
Address _____	Address _____
Relationship _____ Years known _____	Relationship _____ Years known _____

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

APPLICANT AUTHORIZATION

Please read the following statement carefully:

1. I certify that the answers given herein are true and complete to the best of my knowledge and are subject to confirmation by Angel Pest Control.
2. I hereby acknowledge notification that, in compliance with the Fair Credit Reporting Act, Angel Pest Control may take such investigations and inquiries of my personal, employments, financial, or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and all other persons contacted from all liability.
3. In event of employment, I understand I am applying for employment which can be terminated at will by either myself or Angel Pest Control at any time and that nothing contained in any application, manual, brochure, or other Angel Pest Control materials shall constitute and implied or expressed contract for employment. I also acknowledge that Angel Pest Control may request previous employment information to evaluate my qualifications for employment. I understand that false or incomplete information in an application for employment is grounds for dismissal and forfeiture of all related benefits. I understand that I am required to abide by all company rules and regulations.
4. I also understand and agree that Angel Pest Control supports a Drug Free Workplace and as such may require me to submit to a drug test as a condition of employment or continued employment. These drug test may be administered at anytime. Refusal to submit to any drug test will disqualify and applicant or will result in termination of employment.

I have read and understand the above information.

Signature of applicant

Date

<<< STOP HERE >>>

Important Notice: You are not required to complete the "Applicant Disclosure Release" found on the back page until you have been called back for an interview.

APPLICANT DISCLOSURE RELEASE

Pursuant to the requirements of the Fair Credit Reporting Act, this notice is given that a consumer report* may be made in connection with your application of employment.

By signing below, you consent to the procurement of a consumer report in connection with your application for employment.

Today's Date: _____

Applicant Printed Name: _____

Applicant Other Last Names: _____

Social Security Number: _____

Date of Birth**: _____

Driver's License No: _____ State _____

* A consumer report may consist of employment records, education verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

** For consumer report purposes only.

List all of the cities (including state and county lived in for the last SEVEN YEARS

STREET ADDRESS	City	STATE AND COUNTY
1.		
2.		
3.		
4.		
5.		

Certification:

I certify that all of the information provided by me on this application disclosure is true, correct and complete. I have not withheld any information requested on this application disclosure. I understand that if any of the information provided by either on the application form or during the interview process, is found to be false or misleading, consideration of my application will be discontinued and employment denied.

Signature of Applicant _____ Date: _____

Do you wish to receive a copy of your consumer report? Yes ___ No ___