

PROGRESSIVE PEST MANAGEMENT



EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

Full Time Part Time Temporary Referral Source _____

Name: _____ D.O.B.: _____

Business Name: _____ Form of Entity: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN: _____

Are you a U.S. citizen? Yes No If no, what is your citizenship/residency status: _____

Have you ever been convicted of or charged with a felony or misdemeanor: Yes No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____ Job
Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

Name: _____ Company: _____

Street Address: _____ Position: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____ Relationship: _____

Street Address: _____ How long: _____

City/State/Zip: _____ Phone: _____

Name: _____ Relationship: _____

Street Address: _____ How long: _____

City/State/Zip: _____ Phone: _____

Name: _____ Relationship: _____

Street Address: _____ How long: _____

City/State/Zip: _____ Phone: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize _____, to investigate any statement contained in this application. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of PROGRESSIVE PEST MANAGEMENT

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Arrange Interview: () Yes () No Date: _____

Place: _____

Remarks: _____

Approved: () Yes () No Date: _____

By: _____

Date of Birth: _____
Month/Day/Year

Gender: Female _____ Male _____

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with PROGRESSIVE PEST MANAGEMENT. By signing below I hereby provide my authorization to PROGRESSIVE PEST MANAGEMENT to conduct a criminal background check.

Signature

Date