

# ALL STAR PEST CONTROL



## Application for Employment

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE BOTH PAGES

DATE \_\_\_\_\_

**Name**

\_\_\_\_\_  
 Last First Middle Initial

**Present address**

\_\_\_\_\_  
 Number Street City State ZIP

How long have you lived at that address \_\_\_\_\_ Social Security #. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone # \_\_\_\_\_ If under 25 please list age \_\_\_\_\_ Position applied for \_\_\_\_\_

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

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

No Pref \_\_\_\_\_ Thur \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_ Can you work Saturdays? YES NO (explain if NO) \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_ \_\_\_\_\_

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
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.

\_\_\_\_\_

\_\_\_\_\_

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

DO YOU HAVE A DRIVER'S LICENSE? \_\_ Yes \_\_ No

Driver's license

Number \_\_\_\_\_ State of issue \_\_\_\_\_ Commercial (CDL) \_\_ Expiration date \_\_\_\_\_

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

Have you had an moving violations during the past three years? How many? \_\_\_\_\_

## OFFICE WORK EXPERIENCE

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

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 you full qualifications for the specific position for which you are applying.

## MILITARY

HAVE YOU EVER EEN IN TH 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 \_\_\_\_\_

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

Date \_\_\_\_\_ 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 \_\_\_\_\_

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

Date \_\_\_\_\_ 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 for employment, or cause my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date