



www.pestdoc.com  
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 1-800-737-8189

Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Personal Information: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle

\_\_\_\_\_  
 Street Address City State Zip

Home Telephone : \_\_\_\_\_ Cell Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position Desired? \_\_\_\_\_

Pay Expected: \_\_\_\_\_ Will you work overtime if asked? \_\_\_\_ yes \_\_\_\_ no

Apart from absence for religious observance, are you available for full time work? \_\_\_\_ yes \_\_\_\_ no

If not, what hours are you available? \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_ yes \_\_\_\_ no

Have you ever applied for employment with us? \_\_\_\_ yes \_\_\_\_ no If yes, give the following: \_\_\_\_\_ month \_\_\_\_\_ year

Location: \_\_\_\_\_ Please list any special training or skills: \_\_\_\_\_

Education:

School	Name & Location	Course Study	# of Years	Graduate		Degree / Diploma
Grad School				Yes	No	
College				Yes	No	
Business School				Yes	No	
Trade School				Yes	No	
Tech School				Yes	No	
High School				Yes	No	
Elementary				Yes	No	

Membership in Professional or Civic Organizations, exclude those which may disclose race, color, religion, national origin:

\_\_\_\_\_  
 \_\_\_\_\_



Do not answer any questions listed on this page unless the box is checked

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification, or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, sex, or national origin. Federal Law also prohibits discrimination based on age, citizenship, and disability. The Laws of most states also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status, and sexual preference.

Number of Dependents, including yourself: \_\_\_\_\_

Sex:  Male  Female

Martial Status:  Single  Engaged  Married

Separated  Divorced  Widowed

Date of Marriage: \_\_\_\_\_

Are you a U.S. Citizen?  yes  no

What was your last address? \_\_\_\_\_

How long at present address? \_\_\_\_\_ years

Have you ever been bonded?  yes  no

If yes, with what employers? \_\_\_\_\_

Have you ever been convicted of a crime in the past 10 years, excluding misdemeanors, and summary offenses which has not been annulled, expunged or sealed by a court?  yes  no

if yes, describe in full \_\_\_\_\_

State names of relatives and friends working for us other than your spouse: \_\_\_\_\_

Pest Doctor System, Inc. does not offer tenured, or guaranteed employment. Either Pest Doctors System, Inc. or the employee can terminate the employment relationship at any time, without just cause, with or without notice.

Signature of this application, provides authorization to obtain, and give references.

Signature of this application provides authorization from the applicant to verify information about education, and employment.

The information provided on this application for employment is true, correct, and complete. If any misstatement, or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation, upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit, and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Employer's Use Only

Reference Check:

Employer	Person Contacted	Results
1		
2		
3		
4		

Test Results:

Test Administered	Raw Score	Rating	Analysis and Comments

Interview Results: Name: \_\_\_\_\_

Date: \_\_\_\_\_

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