

**A-1 Inc. Exterminators**

**APPLICATION FOR EMPLOYMENT**

Please print all information COMPLETELY for application to be considered

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

ADDRESS: NUMBER STREET CITY STATE ZIP CODE

TELEPHONE ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NUMBER(S): ( ) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?:**

ADVERTISEMENT  FRIEND  COLLEGE

WALK-IN  EMPLOYMENT AGENCY  GOVT/STATE AGENCY

RELATIVE  OTHER: \_\_\_\_\_

Have you ever been employed by us before?  YES  NO

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you 18 Years or older?  YES  NO

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? (Proof of citizenship or immigration status is required upon employment.)  YES  NO

You are Available to Work:  Full Time  Part Time  Temporary

Date you can Begin Work: \_\_\_\_\_

EDUCATION:	School/Address:	Credits Earned	Major	Diploma/Degree
High School:				
College:				
Technical/Other:				

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LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. ALL TIMES MUST BE ACCOUNTED FOR WHETHER EMPLOYED OR NOT. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		HOW WAS POSITION OBTAINED	DESCRIBE IN DETAIL THE WORK YOU DID AND YOUR TITLE	WEEKLY START SALARY	WEEKLY END SALARY	REASON FOR LEAVING	NAME, TITLE AND PHONE NUMBER OF YOUR SUPERVISOR
	MO	YR	MO	YR						

**Describe in Detail any Specialized Training, Computer or Office Equipment Skills, Certifications, Licenses or On-The-Job Training programs you have completed:**

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**Licenses And Certifications:**

Please list any licenses or certifications held and the dates obtained: (CDL, Skilled Trade License, etc.)

- |          |          |
|----------|----------|
| 1: _____ | 4: _____ |
| 2: _____ | 5: _____ |
| 3: _____ | 6: _____ |

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**Related Experience:**

Please list the work/training/educational experience you have that would be of value in the position you are applying for:


Are there any ongoing issues or concerns that would prevent you from performing any necessary duties in the position for which you are applying and/or getting to work every day?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

<b>PERSONAL REFERENCES</b>		
Name: _____	Company: _____	Phone: ____ / ____ / ____
Address: _____	Relationship: _____	
City/ State/ Zip: _____		
Name: _____	Company: _____	Phone: ____ / ____ / ____
Address: _____	Relationship: _____	
City/ State/ Zip: _____		
Name: _____	Company: _____	Phone: ____ / ____ / ____
Address: _____	Relationship: _____	
City/ State/ Zip: _____		

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
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**APPLICANT'S STATEMENT and CONDITIONS OF EMPLOYMENT**

*(Please read carefully before signing.)*

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination, if applicable."

"I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept and paid for by the company. I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I understand that failure to do so can or will result in immediate suspension or dismissal from employment. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that A-1, Inc. retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with A-1, Inc. and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving A-1, Inc. in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying A-1, Inc. or unless a representative or attorney of A-1, Inc. is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."

**This application is valid for sixty days from the application date unless renewed in person or in writing.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_