

Application for Employment (Technician)

Barnes Lakeside Exterminating, Inc.
464 W. 3rd Street, Suite 104 Jackson, GA 30233

APPLICANT INFORMATION

Today's Date:		Social Security No:	
Driver's License No:		State:	Driver's License Expiration Date:
Last Name:	First:	Full Middle Name:	Maiden Name:
Physical Address:		City:	State: Zip:
Mailing Address (if Different):		City:	State: Zip:
Daytime Phone:		Ext.:	Evening Phone:
Previous Address:			
Email:		Emergency Contact:	

EMPLOYMENT DESIRED

Position you are applying for:

Summarize special skills and qualifications which would be of special benefit in the job you are applying for:

GENERAL

Date you can start:	Hours Available:
Salary desired:	Referred by:
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance No:
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
Has any license, permit or privilege ever been suspended, denied or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
Have you ever been *convicted of a crime other than a traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	

* Please note: A conviction does not necessarily disqualify one from consideration of the job.

SPECIAL QUESTIONS

Do not answer ANY of the questions in this area unless the employer has **MARKED** the **BOX PRECEDING** a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reason.

- Height _____ feet _____ inches Do you have a legal right to be employed in the U.S.? Yes _____ No _____
- Weight _____ lbs.
- What Foreign Language(s) do you speak fluently? _____
- I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____
- I the applicant, grant the company permission to check my personal credit report. Yes _____ No _____
- I the applicant, agree to furnish the company a copy of my DMV report for the last five (5) years. Yes _____ No _____
- I understand and agree that a thorough criminal background check will be obtained and reviewed as a condition of hiring or continued employment. I consent to the criminal background check and will be forthcoming as to any and all names ever used by me, the applicant. I have lived in the following locations: _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EDUCATION

	Name and location of school	# yrs. attended	Did you graduate?	Subject studied/Major
GRAMMAR SCHOOL				
HIGH SCHOOL/GED				
COLLEGE				
TRADE/BUSINESS				

Please list any qualifications or training that will help in the job you are applying for. _____

REFERENCES

Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS	PHONE NUMBER	NATURE OF RELATIONSHIP	YEARS ACQUAINTED

It is permissible for a representative of Barnes Lakeside Exterminating to contact my current and/or previous employer listed above to verify references. Yes _____ No _____

I understand that submission of this application in no way constitutes an offer of employment, and if I am hired by Barnes Lakeside Exterminating, such employment would be an "at-will" relationship and may be terminated at any time for any reason by the employer. This means that neither myself nor Barnes Lakeside Exterminating have entered into a contract regarding the duration of employment. _____ (Initial)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. _____ (Initial)

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. _____ (Initial)

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. _____ (Initial)

Signature

Date

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Ending Salary (circle one) Hourly Weekly Monthly \$ _____

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Ending Salary (circle one) Hourly Weekly Monthly \$ _____

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Ending Salary (circle one) Hourly Weekly Monthly \$ _____

Duties and Responsibilities: _____

Reason For Leaving: _____

Signature

Date