



Hadley

Termite and Pest Control, Inc.

P.O. Box 639 ★ 251-961-7109 ★ Summerdale, AL 36580

<http://www.hadleypestcontrol.com>

Date:

Name: (Last, First, Middle Initial)		Social Security Number	
Address:		Home Telephone	
City/State/Zip:		Work Telephone	
Email address:		Driver's License Number	
How long have you lived at this address?		Are you over the age of 18	
		Yes	No
Are you eligible to work in the U.S. and can you provide proof that you can be legally employed in the U.S.? (Must produce Valid Driver's License, and Social Security card)			
		Yes	No
Position Applying for		Pay expected?	
Are you able to work overtime, if asked?		When can you start?	
		Yes	No
What hours can you work?			
How did you learn about us?			
Are you claustrophobic? (Fear of enclosed or tight spaces?)		Yes	No
Are you afraid or bothered by spiders, snakes, toads, or bugs of any kind?		Yes	No
Do you smoke, dip or chew?		Yes	No
Are you afraid of the dark?		Yes	No
Have you had 3 moving violations, accidents or traffic citations in the past 3 years?		Yes	No
Have you ever been bonded?		Yes	No
Have you ever been refused bond?		Yes	No
Have you ever been convicted or sentenced of <u>ANY</u> crime?		Yes	No
Have you ever received Workman's Compensation?		Yes	No
If so please list offense, date, court, and place where offense occurred.			
Have you ever been discharged, fired, or requested to leave a position?		Yes	No
If so, please explain			
Does your current employer know you are making plans to change employment?		Yes	No
Why do you want to change employers?			
May we contact your current employer as a reference?		Yes	No
Have you ever been in a position of trust? (Handling money, confidential materials, etc.)		Yes	No

Employment Information

Company name		Telephone						
Address		Employed (month and year)						
Name of Supervisor								
Job title, and description		Pay	Start	Leaving				
Reason for leaving:								
Company name		Telephone						
Address		Employed (month and year)						
Name of Supervisor								
Job title, and description		Pay						
Reason for leaving:								
Company name		Telephone						
Address		Employed (month and year)						
Name of Supervisor								
Job title, and description		Pay						
Reason for leaving:								
Company name			Telephone					
Address			Employed (month and year)					
Name of Supervisor								
Job title, and description			Pay					
Reason for leaving:								
Were you ever in the Armed Forces?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, what branch?		
Dates of duty	From		To		Rank at discharge			
List duties, including special training								
Are there any other experiences, skills or qualifications, which you feel would especially fir you for work within this organization?								
Are you certified in Pest control?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please give state and date of certification								
Are you willing to study and become a certified Pest Control Professional?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Education Information

Schooling:	Grammar	Trade, Business, Technical or Correspondence	College	Graduate school
Name of school				
Location				
Years completed				
Did you graduate?				
Degree received or major				

References

Please list three people who know you well and are able to give information regarding your work habits and attitudes.

Name	Address	Telephone
Occupation:	Relationship	
Name	Address	Telephone
Occupation:	Relationship	
Name	Address	Telephone
Occupation:	Relationship	

The facts set forth in this Application for Employment are true and complete.

I understand that if employed, false statements on this application, or any misstatement or omission of fact on this application, as well as the accuracy of other data presented throughout the hiring process and employment, will discontinue the hiring process, or if already employed shall be considered sufficient cause for dismissal. You are hereby authorized to make an investigation of my personal history, criminal background, and driving record through any investigative agencies or bureaus of your choice.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I agree to be employed on a 90 calendar days' probationary period and that I may be dismissed at any time during this period at the discretion of the employer. 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.

By signing this form, you swear all information is factual and agree to the terms listed above.

Signature

Date