

****Please attach your resume along with this application for employment****

APPLICATION FOR EMPLOYMENT WITH APEX PEST CONTROL

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

Personal Information:

Last Name	First Name	Middle Initial	Date
Street Address			Home Telephone
City, State, Zip			Other Telephone/Type
Have you ever applied for employment with us? <input type="radio"/> Yes <input type="radio"/> No If yes: indicate month and year: _____			Social Security Number
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="radio"/> Yes <input type="radio"/> No If no: what hours are you available: _____			Will you work overtime if needed? <input type="radio"/> Yes <input type="radio"/> No
Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="radio"/> No			When will you be available to begin work?
Any special skills or training??			

Educational Background:

School	Name/Location of School	Course of Study	No. Of Years Completed	Did You Graduate?
Graduate				
College				
Business/Trade/Technical				
High School				
Elementary				

Membership in Professional or Civic Organizations: (Exclude those that disclose race, color, religion or national origin)

--

Work History: (Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer)

Company Name	Telephone
Address	Employed – State month and year From _____ To _____
Name of Supervisor Can we contact? <input type="radio"/> Yes <input type="radio"/> No	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed – State month and year From _____ To _____
Name of Supervisor Can we contact? <input type="radio"/> Yes <input type="radio"/> No	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed – State month and year From _____ To _____
Name of Supervisor Can we contact? <input type="radio"/> Yes <input type="radio"/> No	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed – State month and year From _____ To _____
Name of Supervisor Can we contact? <input type="radio"/> Yes <input type="radio"/> No	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Miscellaneous Questions:

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses?? Yes No

If "Yes", please describe in detail:

Will you submit to a background check? Yes No

If "Yes", please complete the *Release & Authorization* form attached to and made part of this application

Do you have a valid, non-suspended, State of Ohio issued driver's license? Yes No Driver's License #: _____

Do you have points against your license? Yes No If "Yes", how many: _____

Describe infractions in detail:

Signature:

The information provided in this Application for Employment and accompanying attachments is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in immediate 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. I am also aware that employment with Apex Pest Control Service, Inc. is at will and that employment may be terminated for any and all reasons by either party.

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 reporting agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____

Signature: _____

RELEASE & AUTHORIZATION FORM

Attached To and Made Part of The Application For Employment

Last Name	First Name	Middle Initial	Sex O M O F	Date of Birth
Current Address				Social Security Number
City, State, Zip				From: _____ To: _____
Previous Address				
City, State, Zip				From: _____ To: _____

State of Ohio

County of _____

I, _____ of _____, states that he/she formally requests and
(state your name) (City and State)
authorizes the Division of Police, Sheriff's Office, Department of Public Safety, the Clerk of Courts or any other custodian of Criminal Records located in the State of Ohio to release all Criminal Records concerning himself/herself and records to Apex Pest Control Service, Inc.

The undersigned applicant, in making this request, specifically waives and gives up any right of personal privacy he/she might have in said Criminal Records. He/She releases said agency from any liabilities for the Release of said records at his/her request. He/She further waives any right of action against the said agencies concerning any matters resulting from the Release of said Criminal Records at his/her request.

Furthermore, the undersigned releases and waives any and all claims for damages he/she may have against the organization or individual and his/her agent or independent contractor requesting the information authorized to be released herein.

_____, states this is his/her voluntary authorization and request for release of said
(state your name)
records.

Signature: _____ Date: _____

DATE:

COURT:

DISPOSITIONS:

Authorized Agent: _____ *Title:* _____ *Date:* _____

FOR EMPLOYER'S USE ONLY

Employer	Person Contacted	Results
1		
2		
3		
4		

Interviewer Comments: