

Application for Employment

Thank You

We appreciate your interest in Bio-Tech Pest Control. This application form helps us evaluate your qualifications for employment. Please respond accurately and completely to each question. All prospective employees receive consideration without discrimination because of race, creed, color, sex, age, disability, religion, marital status, national origin, citizenship status, veteran status, or any other legally protected status. You are not required to furnish information prohibited by federal, state, or local law.

About You

Last Name _____ First Name _____ Middle Name _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number _____ Phone _____

Position(s) Applying For _____ Earnings Expected \$ _____

Job Duty Information

Have you reviewed the Pre-Interview Guide or Job Description for the position you seek? Yes No

Do you understand the job's performance and physical requirements? Yes No

What days would you be available to work? (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time would you be able to start work each day?

5 AM 6 AM 7 AM 8 AM

What time would you need to finish work each day?

4 PM 5 PM 6 PM 7 PM

Are there any days or times when you are regularly not available to work? No Yes

If yes, please describe: _____

What type of employment are you looking for? Full-time Part-time Temporary Seasonal

Are you US citizen? Yes No;

If no, can you demonstrate legal authorization to work in US? Yes No

If under 18 years of age, do you have a work permit? Yes No

Have you ever been employed here? No Yes; If yes, when? _____

When are you available to start work? _____

If necessary, are you willing to relocate? Yes No Possibly

If necessary, are you willing to travel overnight? No Yes; If yes, how often? _____

If part of job's requirements, do you have valid driver's license? Yes No

State of Issue _____ License Type _____

Have you been convicted of any moving violations within the past five years? Yes No

If yes, list each violation and date of occurrence:

Have you ever been convicted of or have you ever received a sentence for a crime(s) other than a minor traffic violation?

(Answering "yes" is not an automatic disqualification from employment.) __ Yes __ No

If so, for each, list type of conviction/sentence, date of the offense, court and place where the offense occurred.

Have you used names or social security numbers other than those on this application? Yes No

If yes, please list: _____

Can you perform the essential job functions with or without reasonable accommodation? Yes No

Work Experience (List most recent job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history for a minimum of 15 years, if applicable.)

Company Name _____ **Kind of Business** _____

Address _____ **Supervisor Name** _____

City _____ State _____ Zip _____ Phone _____

Your Job Title _____

Start Date _____ (show month/year) Starting Pay _____

Finish Date _____ (show month/year) Final Pay _____

Primary Duties _____

Describe your favorite part of this job _____

Describe the least enjoyable part of this job _____

Resigned ___ Terminated ___ State Reason _____

Company Name _____ **Kind of Business** _____

Address _____ Supervisor Name _____

City _____ State _____ Zip _____ Phone _____

Your Job Title _____

Start Date _____ (show month/year) Starting Pay _____

Finish Date _____ (show month/year) Final Pay _____

Primary Duties _____

Describe your favorite part of this job _____

Describe the least enjoyable part of this job _____

Resigned ___ Terminated ___ State Reason _____

Company Name _____ **Kind of Business** _____

Address _____ Supervisor Name _____

City _____ State _____ Zip _____ Phone _____

Your Job Title _____

Start Date _____ (show month/year) Starting Pay _____

Finish Date _____ (show month/year) Final Pay _____

Primary Duties _____

Describe your favorite part of this job _____

Describe the least enjoyable part of this job _____

Resigned ___ Terminated ___ State Reason _____

Company Name _____ **Kind of Business** _____

Address _____ Supervisor Name _____

City _____ State _____ Zip _____ Phone _____

Your Job Title _____

Start Date _____ (show month/year) Starting Pay _____

Finish Date _____ (show month/year) Final Pay _____

Primary Duties _____

Describe your favorite part of this job _____

Describe the least enjoyable part of this job _____

Resigned ___ Terminated ___ State Reason _____

Company Name _____ **Kind of Business** _____

Address _____ Supervisor Name _____

City _____ State _____ Zip _____ Phone _____

Your Job Title _____

Start Date _____ (show month/year) Starting Pay _____

Finish Date _____ (show month/year) Final Pay _____

Primary Duties _____

Describe your favorite part of this job _____

Describe the least enjoyable part of this job _____

Resigned ___ Terminated ___ State Reason _____

Please write in the space below, the names of any companies you do not want us to contact.

Education

Highest education completed (check only one)

Elementary School High School Technical College University Graduate School

High School

Name _____ Location _____

Offices, Honors _____

Extracurriculars _____

Technical College/University (undergraduate school)

Name _____ Location _____

Offices, Honors _____

Extracurriculars _____

University (graduate school)

Name _____ Location _____

Offices, Honors _____

Extracurriculars _____

Military Experience (if applicable)

Branch of Service _____

Nature of Duties _____

Highest Rank _____ Terminal Rank or Grade _____

Other

Please list skills, licenses, experiences, or certificates you believe would help you perform at a high level.

What are your shortcomings and areas for improvement?

Are you a member of any professional or job-relevant organizations?

Please exclude organizations, the name of which would indicate the racial, religious, ethnic and/or sexual orientation of its members.

With respect to your career, what are your plans for the future?

Personal References

Name_____	Occupation_____	Phone_____	Years Known_____
Name_____	Occupation_____	Phone_____	Years Known_____
Name_____	Occupation_____	Phone_____	Years Known_____

Professional References

Name_____	Occupation_____	Phone_____	Years Known_____
Name_____	Occupation_____	Phone_____	Years Known_____
Name_____	Occupation_____	Phone_____	Years Known_____

Certification and Release

I certify that the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application, rescinding the offer, or discharge any time during my employment. I authorize the company and/or its agents, including "consumer reporting bureaus," to verify any of this information including, but not limited to, criminal history, offense, violation history, and motor vehicle driving records.

Candidate Signature_____ **Date**_____