

# AmericanPest

## Employment Application

Today's Date \_\_\_\_\_

Drug-Free Workplace Offering Equal Employment Opportunities

### ABOUT YOU

Last Name	First Name	Middle Initial	Social Security Number
Address	City/State	Zip Code	Phone Number
			E-mail Address

### YOUR WORK HISTORY AND ANY EMPLOYMENT GAPS

*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.*

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/> State Reason:			Supervisor's Name
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/> State Reason:			Supervisor's Name
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/> State Reason:			Supervisor's Name

We do not discriminate on the basis of race, creed, color, sex, religion, age, national origin, disability, citizenship status, veteran status, or any other class protected by state, county, local, or federal regulations.

## MORE OF YOUR WORK HISTORY AND ANY EMPLOYMENT GAPS

*Remember! You must include any gaps in employment, with a full explanation of the gap and you must provide a complete work history for a minimum of 15 years, if applicable.*

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate/Salary		
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Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/> State Reason:			Supervisor's Name

## TELL US ABOUT YOURSELF

You must answer every question. If a question does not apply, put "N/A"

1. What position are you applying for? \_\_\_\_\_

2. What is your salary expectation? \$ \_\_\_\_\_ When can you start work? (Date) \_\_\_\_\_

3. How were you referred to us? \_\_\_\_\_

4. Have you completed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

5. Have you ever been employed here before?  Yes  No If yes, date/position/location \_\_\_\_\_

6. Are you available to work (*check any that apply*):  Full-time  Part-time  Temporary  Weekends

7. Are there any days or times during the week that you are not available to work?  Yes  No

8. If yes, please list the days/times you are not available to work \_\_\_\_\_

9. Are you willing to work overtime?  Yes  No Are you at least 18 years old?  Yes  No

10. Are you willing to travel?  Yes  No What percentage of time? \_\_\_\_\_

11. Do you have steady transportation to work?  Yes  No Are you employed now?  Yes  No

12. May we contact your present employer?  Yes  No Are you on a layoff and subject to recall?  Yes  No

13. Why do you desire to make a change? \_\_\_\_\_

14. How much time have you lost from work during the past 12 months? \_\_\_\_\_

15. Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, explain \_\_\_\_\_

16. Are you legally eligible to work in the United States?  Yes  No (*Proof of citizenship status/identity required upon hire.*)

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

Yes  No (*Answering "yes" is not an automatic bar to employment.*)

If yes, for each, list type of conviction/sentence, date of the offense, court, and place where the offense occurred: \_\_\_\_\_

18. Do you hold a valid Driver's License?  Yes  No If yes, note the state \_\_\_\_\_

19. Have you been convicted of any moving violation(s) in the last 3 years?  Yes  No If yes, give date(s) and explanation of each. \_\_\_\_\_

20. What three things are most important to you in a job? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

21. What three adjectives best describe you? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

22. Have you ever been disciplined at any job for an act of violence, harassment, or discrimination?  Yes  No

If yes, explain the circumstances, employer, and date \_\_\_\_\_

23. What type of work do you most enjoy? \_\_\_\_\_

24. Do you have any aversion (personal, health, or otherwise) to working in a location where dogs are on-site?  Yes  No

## SPECIAL SKILLS AND QUALIFICATIONS

Do you have any special skills, training, or experience that might help you qualify for this job?     Yes     No

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

List any professional, trade, business, or civic activities or offices held that would relate to the work here.

\_\_\_\_\_

What foreign languages do you fluently speak, read, and/or write that would relate to the work here?

\_\_\_\_\_

## EDUCATIONAL BACKGROUND

Schooling	Did You Graduate?	Years Completed	Degree Received & Major Subject	Name of School	Location
Grammar or High School	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## MILITARY SERVICE

Branch of Service

Rank at Discharge, If Applicable

List Duties and Special Training

## AGREEMENT AND RELEASE

For the purpose of this agreement and release, the organization that has provided you with this application is referred to as "the company" or "this company." The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. The company is hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. The company is also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required.

In making this application for employment, I also understand that an investigative report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for this company to hire me. If hired, I understand that employment with this company at all times is employment "at will." I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice, and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that no representative of the company has the authority to make any assurance to the contrary.

I understand that no individual (except an owner) has the authority to extend a verbal offer of employment; otherwise an offer of employment is valid only in the form of a written offer letter.

My typed signature below holds the legal bearing of a handwritten signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”**

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**SIGNATURE OF APPLICANT**

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**DATE**

**(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATIONS IN THE STATE OF MARYLAND. TYPING YOUR NAME INTO THE SIGNATURE SPACE ABOVE BEARS THE SAME LEGAL WEIGHT AS A HANDWRITTEN SIGNATURE.)**

## Affirmative Action Program Applicant Information Form

We are an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women, minorities, veterans, and persons with disabilities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

<b>Name</b>	<b>Date</b>	____/____/____
<b>Position applied for</b>		

### Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<b>Other</b>
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		
<input type="checkbox"/> I do not wish to Self-Identify Signature _____		
<b>How did you hear of our opening?</b>		
<input type="checkbox"/> Referred by Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other _____		

## *EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES*

### *Hispanic or Latino*

**A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.**

### *White (Not Hispanic or Latino)*

**A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**

### *Black or African American (Not Hispanic or Latino)*

**A person having origins in any of the black racial groups of Africa.**

### *Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)*

**A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**

### *Asian (Not Hispanic or Latino)*

**A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**

### *American Indian or Alaska Native (Not Hispanic or Latino)*

**A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.**

### *Two or More Races (Not Hispanic or Latino)*

**All persons who identify with more than one of the above five races.**

### *Individual with Disabilities*

**Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).**

### *Special Disabled Veteran*

**Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.**

### *Veteran of the Vietnam Era*

**Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.**

### *Other Eligible Veteran*

**Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.**