



## Application for Employment

**Dodson Bros. Exterminating Co., Inc.**

**Date of Application** \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Phone # (\_\_\_\_) \_\_\_\_\_ Alternate Phone # (\_\_\_\_) \_\_\_\_\_

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Previous Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Social Security Number \_\_\_\_\_

May we contact you at work? ( ) Yes ( ) No

Are you at least 18 years of age? ( ) Yes ( ) No

Have you filed an application with this company previously? ( ) Yes ( ) No

Have you ever been employed by this company previously? ( ) Yes ( ) No

If yes, list dates FROM \_\_\_\_\_ TO \_\_\_\_\_

Are you eligible for employment in this country? ( ) Yes ( ) No

Will you work overtime if required? ( ) Yes ( ) No

Have you ever been bonded? ( ) Yes ( ) No

Have you been convicted of a crime, either felony or misdemeanor, other than minor traffic offenses? ( ) Yes ( ) No

(Such a conviction may be relevant if job related, but does not bar you from employment)

If Yes, please explain \_\_\_\_\_

### POSITION(S) APPLIED FOR:

- ( ) Pest Control Technician ( ) Termite Technician ( ) Sales Inspector  
( ) Service Supervisor ( ) Secretary ( ) Manager ( ) Other

**REFERRAL SOURCE:**

Advertisement       Private Employment Agency       Government Agency  
 Walk In       Internet       Relative       Employee       Other

**EMPLOYMENT HISTORY:**

List your last three (3) employers, starting with the most recent. Explain any gaps in employment in the comments section below.

<b>Employer</b> _____	<b>Phone #</b> (    ) _____
<b>Address</b> _____	
<b>Job Title</b> _____	<b>Dates Employed From</b> _____ <b>To</b> _____
<b>Immediate Supervisor &amp; Title</b> _____	
<b>Reason for leaving</b> _____	
<b>May we contact for reference</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Job Activities &amp; Responsibilities</b> _____	
_____	
<b>Starting Hourly Rate/Salary</b> _____	<b>Final Hourly Rate/Salary</b> _____

<b>Employer</b> _____	<b>Phone #</b> (    ) _____
<b>Address</b> _____	
<b>Job Title</b> _____	<b>Dates Employed From</b> _____ <b>To</b> _____
<b>Immediate Supervisor &amp; Title</b> _____	
<b>Reason for leaving</b> _____	
<b>May we contact for reference</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Job Activities &amp; Responsibilities</b> _____	
_____	
<b>Starting Hourly Rate/Salary</b> _____	<b>Final Hourly Rate/Salary</b> _____

<b>Employer</b> _____	<b>Phone #</b> (    ) _____
<b>Address</b> _____	
<b>Job Title</b> _____	<b>Dates Employed From</b> _____ <b>To</b> _____
<b>Immediate Supervisor &amp; Title</b> _____	
<b>Reason for leaving</b> _____	
<b>May we contact for reference</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Job Activities &amp; Responsibilities</b> _____	
_____	
<b>Starting Hourly Rate/Salary</b> _____	<b>Final Hourly Rate/Salary</b> _____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD:**

Were you ever in the armed forces?             Yes     No

Branch of Service \_\_\_\_\_

Reserve Status     Active             Inactive             Summer Camp Required

Date of Entry \_\_\_\_\_ Starting Rank \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Specialized Training or Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND (High School Diploma or GED required)**

Type of School	Name & Address	Graduated	Course or Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES:**

List names and telephone numbers of three former work references.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

List professional, trade, business, or civic associations and any offices held.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, and/or awards.

\_\_\_\_\_

\_\_\_\_\_

List any additional information about skills and qualifications that you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The application is current for one (1) year. At the conclusion of that time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to complete a new application.

Depending on the essential requirements of the job, employment in certain positions is conditional upon satisfactory results from a post job offer physical examination, motor vehicle report, and criminal background check. All employees are required to adhere to the company's substance abuse and drug testing policy.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TO BE COMPLETED BY EMPLOYEE AFTER NOTIFICATION OF EMPLOYMENT**

Date of Birth / /	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	Maiden Name
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other				

**EMERGENCY CONTACT INFORMATION: In the event of emergency please contact the following:**

<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Home Phone:</b> ( ) _____	<b>Home Phone:</b> ( ) _____
<b>Alternate Phone:</b> ( ) _____	<b>Alternate Phone:</b> ( ) _____

**DO NOT WRITE BELOW THIS LINE – FOR MANAGEMENT USE ONLY**

Date	Interviewed By	Employed By	Date Employed
Employed As		Office	

Comments: \_\_\_\_\_

Managers Signature \_\_\_\_\_ Date \_\_\_\_\_