EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL LEGAL NAME: _____ **DATE:** _____

EMAIL: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

POSITION & AVAILABILITY

POSITION APPLIED FOR: _____

DATE AVAILABLE: _____ **DESIRED PAY: $** _____

EMPLOYMENT DESIRED: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary

AVAILABLE TO WORK: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

SCHEDULING NOTES: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? ○ Yes ○ No

HAVE YOU EVER WORKED FOR AUSTIN PEST CONTROL? ○ Yes ○ No

IF YES, DATES AND POSITION: _____

EDUCATION

HIGH SCHOOL / GED: _____ **CITY / STATE:** _____

COMPLETED? ○ Yes ○ No **DIPLOMA / CREDENTIAL:** _____

COLLEGE / TRADE SCHOOL _____ **CITY / STATE:** _____

DEGREE / CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1

EMPLOYER: _____ **PHONE:** _____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

FROM: _____ **TO:** _____ **ENDING PAY: $** _____

REASON FOR LEAVING: _____

KEY RESPONSIBILITIES:

EMPLOYER 2

EMPLOYER: _____ **PHONE:** _____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

FROM: _____ **TO:** _____ **ENDING PAY: $** _____

REASON FOR LEAVING: _____

KEY RESPONSIBILITIES:

EXPERIENCE & REFERENCES

EMPLOYER 3

EMPLOYER: _____ **PHONE:** _____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

FROM: _____ **TO:** _____ **ENDING PAY: $** _____

REASON FOR LEAVING: _____

KEY RESPONSIBILITIES:

PROFESSIONAL REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____

COMPANY / TITLE: _____ **PHONE:** _____

EMAIL: _____

FULL NAME: _____ **RELATIONSHIP:** _____

COMPANY / TITLE: _____ **PHONE:** _____

EMAIL: _____

FULL NAME: _____ **RELATIONSHIP:** _____

COMPANY / TITLE: _____ **PHONE:** _____

EMAIL: _____

QUALIFICATIONS & CERTIFICATION

SKILLS, LICENSES & CERTIFICATIONS

LIST RELEVANT SKILLS, LICENSES, CERTIFICATIONS, OR EQUIPMENT EXPERIENCE:

DRIVER'S LICENSE STATE: _____ **VALID LICENSE?** ○ Yes ○ No

BACKGROUND CHECK CONSENT

IF ASKED AT THE LEGALLY APPROPRIATE STAGE, ARE YOU WILLING TO REVIEW AND SIGN A SEPARATE BACKGROUND-CHECK AUTHORIZATION? ○ Yes ○ No

Fair Chance notice: This application does not request criminal-history information. Any legally permitted background inquiry will occur only at the appropriate stage and through separate notices and authorization.

APPLICANT CERTIFICATION

Applicant understands that Austin Pest Control, LLC is an Equal Opportunity Employer and is committed to excellence through diversity. In order to ensure this application is acceptable, please print or type, and complete the application in full in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

☐ I certify that I have read and agree to the applicant certification above.

ELECTRONIC SIGNATURE / TYPED FULL NAM _____ **DATE:** _____

OPTIONAL NOTES: