

**D.O.A. PEST CONTROL LLC- EMPLOYMENT APPLICATION FORM**

Application for Employment- Date: \_\_\_\_\_

**EMPLOYMENT DESIRED**

FULL TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_ Full or Part-time: \_\_\_\_\_ As Needed: \_\_\_\_\_

Can you work nights? \_\_\_\_\_ When available for work? \_\_\_\_\_

What job are you applying for (check below)? Salary desired? \_\_\_\_\_

Certified Applicator: \_\_\_\_\_ (Current # \_\_\_\_\_) Technician: \_\_\_\_\_ (Current # \_\_\_\_\_)

Apprentice: \_\_\_\_\_ (Current # \_\_\_\_\_) Entry Level (no experience): \_\_\_\_\_

Front Office \_\_\_\_\_ Other \_\_\_\_\_ (Explain \_\_\_\_\_)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 or older: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any accidents during the last three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the last past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain: \_\_\_\_\_

**Background checks are required for employment considered.**

**WORK EXPERIENCE**

**(List work experience for the past 3 years starting with your most recent job held)**

Date From-To	Name , Address & Phone # of Employer	Salary	Position	Reason for Leaving

**EDUCATION**

Type of Education	School- Location	# of Years	Did you graduate?	Subject/Degree/ Certification
<i>High School</i>				
<i>College/ University</i>				
<i>Trade School/ Courses</i>				

**SPECIAL SKILLS ( please explain):**

***I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed my employment may be terminated.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_