

Employment Application

Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered. If a question does not apply, please put "N/A"

- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? YES NO

Employer Three Rivers Mosquito & Vector Control Date _____
Seeking _____ Job Title _____

PERSONAL DATA

Name: (Last, First M.I.) _____
Present Address _____ City _____ State _____ Zip _____
Phone _____ Message Phone _____ E-Mail Address _____
Are you a Veteran of Military Service? YES NO Branch: _____ Date(s): _____ to _____
List Duties and special training and/or skills _____

YOUR EDUCATIONAL BACKGROUND

Schooling	Did you graduate?		Degree received and major	Name of School	Location
High School or GED	YES	NO			
Trade, Business, or Correspondence	YES	NO			
College	YES	NO			
Graduate School	YES	NO			

WORK HISTORY AND EMPLOYMENT GAPS (List most recent work experience first)

Must be completed even when accompanied by a resume. List most current 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 seven (7) years**. If you need more space, photocopy page two (2) or fill out a separate page and attach to this application.

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc) _____

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc) _____

Dates: From _____ To _____ Reason for leaving _____

WORK EXPERIENCE (CONTINUED)

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc)

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc)

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc)

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc)

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used, etc)

Dates: From _____ To _____ Reason for leaving _____

TELL US ABOUT YOURSELF

You must answer **every** question on this application. **If a question does not apply, put "N/A."** Please type or print.

1. What position are you applying for? _____ Location _____
2. What are your pay expectations? _____
3. When can you start work? (Date) _____
4. How were you referred to us? (If by a person, please provide the name):

5. Have you completed an application here before? YES NO If yes,, date/location: _____
6. Have you been employed here before? YES NO If yes, date and location: _____
7. Are you available to work (Check all that apply Full-time Part Time Temporary Nights Weekends
8. Are there any days during the week that you are not available to work? YES NO
9. If yes, please list the days/times you are not available to work _____
10. If necessary, can you provide proof that you are over the minimum work age? YES NO
11. Are you willing to work overtime? YES NO
12. Do you have steady transportation to work? YES NO
13. Can you travel, if required? YES NO What percentage of time? _____%
14. Are you on a layoff and subject to recall? YES NO May we contact your present employer? YES NO
15. How much time have you lost from work during the past 12 months? _____
16. Are you now, or do you expect to be, engaged in any other business while working here? YES NO
 - a. If yes, please explain _____
17. Are you presently an officer, employee, or employer of another business in our industry or with whom we compete? YES NO
 - a. If Yes, please explain _____
18. Please list any business that you own a majority interest in _____
19. Have you been terminated from employment or asked to resign from a job? YES NO
 - a. If yes, please explain _____
20. Why do you desire to make a change? _____
21. Are you legally eligible to work in the U.S.A. ? YES NO (Proof of citizenship status/identity required upon hire)
22. What three things are most important to you? 1. _____ 2. _____ 3. _____
23. What three adjectives best describes you? 1. _____ 2. _____ 3. _____
24. What type of work do you enjoy most? _____

25. Why do you want to work here? _____
26. Do you have experience sales experience? YES NO Customer Service Experience? YES NO
27. Have you ever been a customer of ours? YES NO

TELL US ABOUT YOUR SPECIAL SKILLS AND QUALIFICATIONS

List any skills, training, experience, certifications, or licenses that may be relevant to this position or our company:

List any professional, trade, business, or civic activities or offices held that would relate to working here:

List any foreign languages that you fluently speak, read, and/or write that would relate to working here

List any software that you are proficient in

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Volunteer Work _____

Licenses, Certificates, special skills, other experience, etc, that demonstrates your qualifications for this position.

TELL US ABOUT YOUR DRIVING RECORD

Do you hold a valid and unexpired Driver's License that is not currently suspended or revoked?

Valid Driver's License: YES NO DL State: DL Type: Endorsements
Drivers License #: _____ or Restrictions: _____

Have you been convicted of any moving violation(s) in the past 5 years? YES NO

If yes, give dates and explanation of each:

(A current Driver's License report from Oregon DMV will need to be provided to company prior to hiring)

TELL US ABOUT YOUR PAST

Answering yes to any of these is not an automatic bar to employment.

Have you ever had any professional license or certificate suspended or revoked (e.g., pest control operator's license, law license, real estate license, medical licence/certificate(s), etc.)? YES NO

If so, please list: _____

Have you ever had any license or certificate revoked or suspended? YES NO

If yes, list the professional license(s) and/or certificate(s) that were suspended or revoked and state when and why the license(s) and/or certificates were suspended or revoked

LIST REFERENCES (preferably persons who know about your work/training and NOT listed elsewhere on application)

Name Address Phone Number

For the purposes of this agreement and release, the organization that has provided you with this application is referred to as "the company," "this company," or "you" in the following paragraphs:

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 (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are 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. You are also authorized to administer a personality profile or other pre-employment 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.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I also acknowledge that the company may conduct a search for information about me that is in the public domain, including, but not limited to, information on social networking sites. 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 (including 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 past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted and if I am hired, employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period. Submission of this application does not imply that I will be hired.

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? YES NO

Signature: _____ Date: _____

With my signature above, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information that they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

YOUR EMERGENCY CONTACT

In Case of Emergency, I authorize you to contact:

Name: _____ Telephone Number: _____