

# Application for Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

256-638-1995

[www.furgersonpest.com](http://www.furgersonpest.com)



## Personal Information

Name

|   |  |  |                    |                                |
|---|--|--|--------------------|--------------------------------|
| Address   |  | City   | State              | Zip                            |
| Phone number  |  | Email address  |                    |                                |
| Are you legally eligible to work in the US?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |  | Date of Birth:   | Social Security #: |                                |
| Have you ever held a position in the Pest Control Industry?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                 |  | If YES, please provide Company Name and Position held: |                    |                                |
| If required for position, do you have a valid driver's license?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>             |  | If YES, state of issuance?                             |                    | DL Number:<br>Expiration Date: |
| Have you ever been convicted of a crime?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  | If YES, please explain:                                |                    |                                |
| If selected for employment are you willing to submit to a background check?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |                    |                                |

## Position

|   |                      |             |
|---|----------------------|-------------|
| Position you are applying for   | Available start date | Desired pay |
| Employment desired<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary |                      |             |

## Driving Record:

|   |   |
|---|---|
| Have you had any vehicle accidents in the past 3 years?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> How many? | Have you had any moving violations in the past 3 years?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> How many? |
|---|---|

**Skills/Licenses** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

## Education

| School name | Location | Years attended | Degree received | Major |
|-------------|----------|----------------|-----------------|-------|
|             |          |                |                 |       |
|             |          |                |                 |       |
|             |          |                |                 |       |
|             |          |                |                 |       |

## References (business and professional only)

| Name | Title | Company | Phone |
|------|-------|---------|-------|
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |

## Employment History

|                     |                   |       |                 |
|---------------------|-------------------|-------|-----------------|
| <b>Employer (1)</b> | Job title         |       | Dates employed  |
| Work phone          | Starting pay rate |       | Ending pay rate |
| Address             | City              | State | Zip             |

Reason for Leaving:

May we contact your employer? Yes  No

|                     |                   |       |                 |
|---------------------|-------------------|-------|-----------------|
| <b>Employer (2)</b> | Job title         |       | Dates employed  |
| Work phone          | Starting pay rate |       | Ending pay rate |
| Address             | City              | State | Zip             |

Reason for Leaving:

May we contact your employer? Yes  No

|                     |                   |       |                 |
|---------------------|-------------------|-------|-----------------|
| <b>Employer (3)</b> | Job title         |       | Dates employed  |
| Work phone          | Starting pay rate |       | Ending pay rate |
| Address             | City              | State | Zip             |

Reason for Leaving:

May we contact your employer? Yes  No

|                     |                   |       |                 |
|---------------------|-------------------|-------|-----------------|
| <b>Employer (4)</b> | Job Title         |       | Dates employed  |
| Work phone          | Starting pay rate |       | Ending pay rate |
| Address             | City              | State | Zip             |

Reason for Leaving:

May we contact your employer? Yes  No

## Signature Disclaimer

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

|                     |           |
|---------------------|-----------|
| Name (please print) | Signature |
| Date                |           |