

We welcome your resume; **HOWEVER**, this application must be **COMPLETELY** filled out in order to be processed.

APPLICATION FOR EMPLOYMENT

Please Print

Date _____

NAME (last) _____ (first) _____ (middle) _____

Street Address _____

City _____ State _____ Zip _____

How long at this address? _____

Phone (home) _____ (cell) _____ Email _____

Date of Birth _____ Social Security # _____

State of Driver's License _____ Driver's License # _____

Is your Driver's License valid? _____ How many years of driving experience do you have? _____

Year, Make and Model of the Vehicle that you own: _____

List **ALL** Violations in the past 5 years including parking tickets

YEAR OF VIOLATION

TYPE OF VIOLATION

WERE YOU AT FAULT?

List all Past Addresses

Address

City & State

How Long

Reason Moved

PLEASE LIST 3 PERSONAL REFERENCE (Not Living with You)

Name

Address

Phone

EDUCATION

DATE:

Highest Grade of School Completed: _____

I finished: () High School at: _____
() GED at: _____
() Technical School at: _____
() College at: _____

MILITARY HISTORY

Were you ever a member of the U.S. Armed Forces? _____ If yes, What Branch _____

Date of entry: _____ Date of Release or Discharge: _____

Highest Grade or Rank attained: _____ Grade or Rank at discharge: _____

Are you now in the Armed Services or the National Guard? _____

If Yes, List Service rank and Unit: _____

JOB EXPERIENCE

Your Occupation (usual) _____ Years of Experience in this Occupation: _____

JOB CHOICE

() Pest Control Technician () Termite Control Technician () Sales Person () Office Worker

Salary Desired? _____ If hired, what date can you start work? _____

Do you desire full time or part time work? _____ How many hours per week can you work? _____

Check the days you are available to work: () MON () TUES () WED () THURS () FRI () SAT

What hours are you available to work? From _____ () AM () PM to _____ () AM () PM

MVR REQUEST FORM

Date: _____

Name: _____

Date of Birth: _____

Driver's License Number: _____

State of Driver's License: _____

The above information will be used to obtain from the State of: _____
a motor vehicle report (MVR), which will be analyzed by our insurance carrier to access insurability.

Your signature grants Flowers Insurance Agency, Inc. permission to order said MVR.

(Print Name) _____
Applicant/Employee

(Signature) _____
Applicant/Employee

(Date) _____

EMPLOYER: ALL STAR PEST CONTROL

PHONE: 706-568-7298

FAX: 706-568-0101

EMAIL: theallstarpestcontrol@gmail.com

EMPLOYMENT HISTORY

WE WELCOME YOUR RESUME; HOWEVER, **ALL** QUESTIONS BELOW MUST BE COMPLETED.

1st or Current Employer: _____ Phone: _____
Street Address: _____ City: _____ State: _____
Starting Date: _____ Leaving Date: _____
Starting Salary: _____ Final Salary: _____ Hours Worked Weekly: _____
Your Position: _____ Job Description and Responsibilities: _____

Why did you leave this job? _____

2nd Employer: _____ Phone: _____
Street Address: _____ City: _____ State: _____
Starting Date: _____ Leaving Date: _____
Starting Salary: _____ Final Salary: _____ Hours Worked Weekly: _____
Your Position: _____ Job Description and Responsibilities: _____

Why did you leave this job? _____

3rd Employer: _____ Phone: _____
Street Address: _____ City: _____ State: _____
Starting Date: _____ Leaving Date: _____
Starting Salary: _____ Final Salary: _____ Hours Worked Weekly: _____
Your Position: _____ Job Description and Responsibilities: _____

Why did you leave this job? _____

4th Employer: _____ Phone: _____
Street Address: _____ City: _____ State: _____
Starting Date: _____ Leaving Date: _____
Starting Salary: _____ Final Salary: _____ Hours Worked Weekly: _____
Your Position: _____ Job Description and Responsibilities: _____

Why did you leave this job? _____

5th Employer: _____ Phone: _____
Street Address: _____ City: _____ State: _____
Starting Date: _____ Leaving Date: _____
Starting Salary: _____ Final Salary: _____ Hours Worked Weekly: _____
Your Position: _____ Job Description and Responsibilities: _____

Why did you leave this job? _____

BASIC PREREQUISITES FOR HIRE

YES OR NO

Can you perform the duties for the job that you are applying for? _____

Do you meet the appearance requirements for the job that you are applying for as listed on the job description sheet? _____

Do you speak and comprehend English well enough to communicate with English speaking customers? _____

Do you intend to remain with this company for at least two (2) years? _____

Have you ever been convicted of a crime? _____
("Yes" does not automatically disqualify you)

Can you pass you pass a Drug Test NOW? _____

GENERAL QUESTIONS

Do you understand the job description Completely? _____

Do you have a cell phone with GPS navigation? _____

Is this job your 1st choice for a job? _____

What are YOUR GOALS in life? _____

How did you hear about this job? _____

AUTHORIZATION:

"I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contains herein and the references and employers listed above to give you all information they have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability- related or medical information in a manner prohibited by the American With Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature: _____(L.S.)

SETTING UP AN INTERVIEW

What is the best time of the day to contact you to set up an interview if you are selected as a candidate for this position? _____
What phone number do you prefer that we use to contact you? _____

EMPLOYEE DRUG AND ALCOHOL SCREEN CONSENT FORM

I, _____, hereby understand that as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- Pre-employment
- Post-Hire
- Post-Accident
- * For Cause or Suspicion
- * Random
- * Promotion and/or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment. _____
(Employee Initials)

RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize the above company to examine any and all criminal records and arrest on file in the counties of Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any action whatsoever, arising out of or relating to the release of the requested information.

At this time, would your Criminal / Background History Report show any derogatory information at all?
(Circle One) Yes No

Answering "yes" will not automatically disqualify from employment consideration.

If yes, please explain in detail. _____

Signature

Date

Print Name

Social Security Number Date of Birth

Driver's License Number

Street Address

City

State Zip