

## ABC PEST AND LAWN SERVICES APPLICANT INSTRUCTIONS

Thank you for your interest in working at our company. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep for your reference.

Please complete the attached application and authorization for release of information forms. Please print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date where applicable. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. Incomplete applications will not be considered.

We will keep your application on file for 6 months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for the position, an interview will be arranged. It is not necessary for you to contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number should change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers, and licensing/certification agencies. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as defined by law).

ABC Pest and Lawn Services also conducts criminal, MVR and background investigations on all applicants. All potential employees must also pass a physical examination and drug screen.

We appreciate your cooperation.

\_\_\_\_\_ Employment Guide  
 \_\_\_\_\_ Austin American Statesman  
 \_\_\_\_\_ Signage on Building  
 \_\_\_\_\_ Referral \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

## ABC PEST AND LAWN SERVICES APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

### *PERSONAL INFORMATION*

Full Name _____	Social Security No. _____		
Address _____	Phone No. _____		
Mailing Address _____	Alternate Phone No. _____		
Are you age 18 or older?      YES ( )    NO ( )      (If no, hire is subject to verification that you are of legal minimum age to work).			
Have you ever been arrested for any cause whatsoever, with the exception of a Class C Misdemeanor Traffic Violation?      NO ( )    YES ( )      (If yes, fill in the details concerning each arrest. If additional space is needed use the back of this page).			
<b>DATE</b>	<b>CHARGE</b>	<b>PLACE</b>	<b>DISPOSITION OF CASE</b>
_____	_____	_____	_____
_____	_____	_____	_____
<i>Notify In Case Of Emergency:</i>			
Name _____		Phone No. _____	
Address _____			

### *EMPLOYMENT DESIRED AND AVAILABILITY*

Position(s) applying for _____	Salary/Wage Desired _____
Have you ever been employed with us before?    YES ( )    NO ( )    If yes give dates _____	
Date available to work _____      Shift    Day ( )    Evening ( )    Night ( )	
Days you are available to work    S    M    T    W    T    F    S    (please circle)	
What are your reasons or goals for seeking the position(s) you have indicated? _____	
Do you have transportation?    YES ( )    NO ( )	

## ***EDUCATION/SKILLS***

Education	Name & Location of School	No. of Years Attended	Did You Graduate Degree Obtained	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Cooresp. School				

Describe any experiences, skill or qualifications which would be of special benefit in the job for which you are applying \_\_\_\_\_  
\_\_\_\_\_

## ***MILITARY SERVICE***

U.S. Military of Naval Service _____	Rank _____
Present Membership in National Guard or Reserves _____	

## ***EMPLOYMENT RECORD***

Are you currently employed? YES ( ) NO ( )
We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? YES ( ) NO ( )
If yes, please explain _____

## ***PLEASE LIST YOUR EMPLOYMENT FOR THE LAST 15 YEARS***

<u><i><b>Current of Last Employer</b></i></u>	
Employer _____	Phone _____
Address _____	From _____ To _____
Supervisor _____	Weekly Wages _____
Position & Duties _____	
Reason for Leaving _____	

**Next Previous Employer**

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Weekly Wages \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Next Previous Employer**

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Weekly Wages \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Next Previous Employer**

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Weekly Wages \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

*(If additional space is needed, use the back of this page)*

Please explain all periods of unemployment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment? YES ( ) NO ( )  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***The following section must be completed if you are applying for a position which requires the operation of a motor vehicle, owned or leased by the company, or if you must use your own vehicle for company purposes.***

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ EXP \_\_\_\_\_

Do you have auto liability insurance? YES ( ) NO ( ) If yes, please give name of insurance company and expiration date \_\_\_\_\_

Do you have the physical and/or mental capabilities to perform the essential functions of the job?  
YES ( ) NO ( ) If no, state the accommodations that would allow you to perform the job

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I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for fifteen (15) years of work experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

ABC Pest and Lawn Services is hereby authorized to make any investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), education, credit, driving, or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that an offer of employment and continued employment with the company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

If employed by ABC Pest and Lawn Services, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employee file. I understand that operating conditions may require me to temporarily work shifts other than the one I am applying for and I agree to such scheduling changes as directed by my supervisor.

I also understand that my employment is subject to the completion of the Physical Examination and Mobility Evaluation, which includes a drug and alcohol screening and I understand that my continued employment may be conditioned upon maintaining a favorable health evaluation and drug/alcohol screening. I also agree that all information concerning said physical examination can be released to the authorized agent of this company, upon their request.

I understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

Date\_\_\_\_\_

Signature\_\_\_\_\_

Has your driver's license ever been suspended or revoked for any reason? YES ( ) NO ( )

If yes, please give date and reason \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a motor vehicle accident of any type within the last five (5) years?  
YES ( ) NO ( ) If yes, fill in the details concerning each accident. If additional space is  
needed use the back of this page.

DATE	LOCATION	DETAILS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traffic Violation Record

List traffic citations you have received during the five (5) years preceding the date of this  
application, and state the disposition of each, such as "dismissed", "paid fine", "defensive driving",  
etc.

DATE	LOCATION	TYPE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have been convicted of driving while intoxicated or under the influence of drugs or alcohol,  
please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If you are hired for a position which requires driving, you must keep us informed of any  
changes in your driving record.

*Employers in Texas have a legal duty in regard to each employee's safety. You, your fellow workers' and our customers' safety is of utmost importance to ABC Pest and Lawn Services. It is neither beneficial to you nor us to place you in a job where you have higher risk of injury because of a mental or physical condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions as described in the job description. If you are unable to perform the essential functions of the job, we welcome you to discuss any needs for accommodations that would allow you to perform the job in accordance with the job description.*

Please write a statement listing your attributes that will make you a good technician/employee for ABC Pest and Lawn Services. *(Please sell me on yourself):*

# APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

## APPLICANT INFORMATION *(Please Print Clearly)*

 MVR

 CRIMINAL

 CREDIT

Applicant Name: (First, Middle, Last)	Current Street Address:
Other Name(s) Used: (like Maiden)	City: State: Zip:
2. Other Name(s) Used:	Former Address: (1)
Social Security No:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth:	City: State: Zip:

**Applicant Instructions:** Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

**DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.**

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, drug screening, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

**CONSENT STATEMENT**

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY:**  By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Applicant Name Typed or Printed

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Location or Branch (where applicable)