APPLICATION FOR EMPLOYMENT

ACE Pest Control, Inc.

P.O.Box 383
North Webster, IN 46555
574-834-2834

Name of Applicant	
Address	
Phone Number	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local or country regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

ALL QUESTIONS ON APPLICATION MUST BE ANSWERED.
STATE "N/A" IF QUESTION IS NOT APPLICABLE

We gladly accept your resume along with, filling out and signing this application.

AGREEMENT

The facts set forth in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. Ace Pest Control is 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. Ace Pest Control is also authorized to administer personality profile 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 and I agree to submit to a medical evaluation, if required.

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 whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. In exchange for the consideration of my employment application, by Ace Pest Control. I hereby release and forever discharge Ace Pest Control (including its directors, officers, employee's and agents) and my past and/or present employers (including its directors, officers, employee's 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 the 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 that employment with Ace Pest Control 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 such change is specifically acknowledged by an authorized executive of Ace Pest Control. I further understand that my "at will" employment may be terminated at any time by myself or the Ace Pest Control and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

THIS IS A DRUG FREE WORKPLACE. We reserve the right to randomly drug test at anytime, without warning.

Applicant Signature		Date	

By typing your signature, it is the same as signing the document.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skils and qualifications acquired from employement or other experiences:

List Professional, trade, business or civic activities and offices held:

Computer Skills (list programs and proficiency level)

What foreign languages do you speak, read and/or write?	

EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	Degree Recvd & Major Subject	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE
Grammar or High School					
Trade, Bus. Or Correspondence					
College					
Graduate School					
Honors Received					

MILITARY SERVICE

Branch of Service		Serial Number	
Present Selective Service Classification			
Rank at Discharge			
List Duties/Special Training			

In case of Emergency, I authorize you to notify:			
Work Phone #		Home Phone #	

Applicant Signature		Date	

PERSONAL INFORMATION (please type or print)

Date of Application		Salary Expectation					
Position(s) Applied							
Are you available to work? Check all that apply	Full Time		Part Time		Weekends		Temporary
On what date would you be available for work?							

Times available for work (please indicate: A.M., P.M. or ANY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How did you hear about us?

Have you applied here before? If Yes, When?

Have you been employed here before? If Yes, When?

Are you employed now? If Yes, Can we contact your current employer?

Does your current employer aware of your plans to change employment?

Why are you looking to make a change?

Are you on layoff and subject to recall? If yes, when do you expect to return?

Have you ever been discharged or requested to resign from a position? If Yes, please explain.

How much time have you lost from work during the last 12 months?

Do you have reliable transportation to work?

Have you ever held a position of trust (handling money or confidential material)?

Are you legally eligible to work in the United States? Proof of citizenship/immigration status & identity is required upon employment

Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation? Answering "yes" is not an automatic bar to employment.

If yes, give: Date, Court and Place where offense(s)

Have you ever been convicted of any moving violations in the last 3 years? If yes, please give Dates and Explanation of each.

Date: Explanation:

Date: Explanation:

List 3 things that are important to you in a work environment:

List 3 characteristics that best describe you:

Why do you want to work at ACE Pest Control?

EMPLOYMENT HISTORY (Must be completed even when accompanied by resume)

Start with your present or last job, Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED

Employer Name		Hourly Rate / Salary	
Address		Starting	Final
Job Title			
Summary of Work Performed and Job Responsibilities			
Supervisor		Phone	
Dates Employed	**From** Mo/Yr	**To** Mo/Yr	
Resigned ☐	State Reason:		
Terminated ☐			

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NAME:		Date of Birth	

BACKGROUND INQUIRY RELEASE - PAGE 1

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or termination.

In connection with my application for employment, I understand that investigative background inquires will be made on me, including consumer credit, education verification, criminal convictions, motor vehicle, workers' compensation and others. These reports will include information as to my character, general reputation, work habits, performance and experience, along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize, without reservation, any party or agency contacted by ACE Pest Control, to furnish the above mentioned information prior to or at any time during my employment. *The information on this form will be used solely for the purpose of conducting background checks and will be maintained in a confidential file.*

I hereby release all of the persons and agencies providing such information from any and all claims, damages or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge ACE Pest Control, Inc. to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment we denied based on information contained in a consumer credit report.

I understand that to aid in the proper identification of my file or records; the following information is necessary: (Applicant, please complete the following section, Please PRINT)

Name:		Address:	
Social Security #		Race:	Gender:
Drivers License		State where issued:	

Applicant's Signature		Date:	

By typing your name, its the same as signing the document

Name:		Date of Birth:	

BACKGROUND INQUIRY RELEASE – PAGE 2

To aid in the proper identification of your file or records, the following information is also necessary. Please complete this in addition to the information on the first page. The same release applies to this information.

Have you lived in any state(s) other than the one you currently reside in?	

If Yes, please list the State and Dates you resided in each:

State:		From:		To:	
Former Address					
State:		From:		To:	
Former Address					
State:		From:		To:	
Former Address					
State:		From:		To:	
Former Address					

Do you have a valid driver's license issued in any state(s) other than the state you currently reside in?	

If Yes, list State(s) and driver's license number(s)

State:		Driver's License Number	
State:		Driver's License Number	

What position are you applying for?	
Are you known by any other name? Including maiden name, if applicable	
If Yes, Please print name(s) here:	
Have you ever been issued or used another Social Security number?	
If Yes, List number(s)	