### **Emtec Pest Control Employment Application Form**

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

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#### APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4.			DATE	
Name				
	Last	First	Middle	Maiden
Present address	Number	Street	City State Zip	
How long			cial Security No	_
Telephone ()		00	olai 6664119 116	<del></del>
	age			
and salary desired (2	2)		Days/hours available to wo No Pref Thur Mon Fri Tue Sat	
(ве ѕреспіс)			Wed Sun	
	you work weekly?		Wed Sun Can you work nights?	
How many hours can Employment desired			Wed Sun	
How many hours can	FULL-TIME ONLY	LOCATION (Complete mailing	Wed Sun  Can you work nights?	ART-TIME
How many hours can Employment desired When available for wo	FULL-TIME ONLY	PART-TIME	Wed Sun Can you work nights? ONLY FULL- OR PA	ART-TIME  MAJOR &
How many hours can Employment desired When available for wo TYPE OF SCHOOL High School	FULL-TIME ONLY	LOCATION (Complete mailing	Wed Sun Can you work nights? ONLY FULL- OR PA	ART-TIME  MAJOR &
How many hours can Employment desired When available for wo TYPE OF SCHOOL High School College	FULL-TIME ONLY	LOCATION (Complete mailing	Wed Sun Can you work nights? ONLY FULL- OR PA	ART-TIME  MAJOR &
Employment desired When available for wo	FULL-TIME ONLY	LOCATION (Complete mailing	Wed Sun Can you work nights? ONLY FULL- OR PA	ART-TIME  MAJOR &

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DUICATION FOR EMPLOYMENT	

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DO YOU HAVE A DRIVER'S LICENSE? Yes	No			
What is your means of transportation to work?				
Driver's license number State o Expiration date	f issue		_ Operator  Com	nmercial (CDL) Chauffeur
Have you had any accidents during the past three year				nany?
Have you had any moving violations during the past t	ast three years?		How Many?	
	OFFIC	E ONLY		
Yes Typing No WPM  Personal Yes PC Computer No Mac	10-key	Other		Yes No WPM
Please list two references other than relatives or prev	ious empl	oyers.		
Name	<u></u>	Name		
Position	·	Position _		
Company		Company		
Address		Address _		
		_		
Telephone ( )		Telephone	( )	
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.				

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DI IOATION FOR EMPLOYMENT	

APPLICATION FOR EMPLOYMENT			
MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No			
Specialty Date Er			
Date Li	itereu	Discharge Date	<i>,</i>
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Work Please list your work experience for the past five years beginning with your most recent job held.  If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
Thore number		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned company.	ed, advancements or pro	omotions while you wo	rked at this
		1	ı
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
There is named.		То	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned company.	ed, advancements or pro	omotions while you wo	rked at this
May we contact your present employer? Yes No	)		
Did you complete this application yourself Yes No			
If not, who did?			