

Application for Employment for Integrated Pest Management

Thank You.

We appreciate your interest in I.P.M. This application form helps us evaluate your qualifications for employment. Please respond accurately and completely to each question. All prospective employees receive consideration without discrimination because of race, creed, color, gender, age, disability, religious belief, sexual orientation, marital status, disability, national origin or any other legally protected status. You are not required to furnish information prohibited by federal, state, or local law.

Complete all unshaded areas.

About You

Last Name	First Name	Middle Name
Address		
City	State	Zip
Social Security Number		Phone
Position(s) Applying For		Earnings Expected

Job Duty Information

	Yes	No
Have you reviewed the Pre-Interview Guide or Job Description for the position you seek?		
Do you understand the job's performance and physical requirements?		
What days would you be available to work? (Check all that apply)		
Monday		Wednesday
Tuesday		Thursday
Friday		Saturday
Sunday		
What time would you be able to start work each day?		
5 AM		6 AM
7 AM		8 AM
What time would you have to finish work each day?		
4 PM		5 PM
6 PM		7 PM
	Yes	No
Are there any days or times when you are regularly not available to work?		

If yes, describe.	Check One or More	
What type of employment are you looking for?	Full-time	
	Part-time	
	Temporary	
	Seasonal	
	Yes	No
Are you a US citizen?		
If no, can you demonstrate legal authorization to work in the US?		
If under 18 years of age, do you have a work permit?		
Have you ever been employed here?		
If yes, when?		

When are you available to start work?					
If necessary, are you willing to relocate?		Yes		No	Possibly
If necessary, are you willing to travel overnight?		Yes		No	
If yes, how often?					
If part of job's requirements, do you have a valid driver's license?		Yes		No	
If yes, License Number					
State of Issue		Type			
Have you been convicted of any moving violations within the past five years?		Yes		No	
If yes, list each violation and date of occurrence:					
List all convictions and pleas of nolo contendere, or no contest, for any offense or violation (including, but not limited to: felony, misdemeanor, or municipal ordinance) other than traffic violations; include any pending criminal charges.					
Have you used names or social security numbers other than those on this application?		Yes		No	
If yes, please list:					
Do you have any physical limitations that would limit your job performance?		Yes		No	
If yes, please describe and suggest any reasonable accommodation we could make for you.					

Work Experience (Please start with your most recent position first.)

Company Name				Kind of Business			
Address				Supervisor Name			
City		State		Zip		Phone	
Your Job Title							
Start Date (Show months as well as years)				Starting Pay			
Finish Date (Show months as well as years)				Final Pay			
Primary Duties							
Describe your favorite part of this job							
Describe the least enjoyable part of this job							

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Address				Supervisor Name			
City		State		Zip		Phone	

Your Job Title			
Start Date (Show months as well as years)		Starting Pay	
Finish Date (Show months as well as years)		Final Pay	
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City		State		Zip		Phone	
Your Job Title							

Start Date (Show months as well as years)		Starting Pay	
Finish Date (Show months as well as years)		Final Pay	
Primary Duties			
Describe your favorite part of this job			
Describe the least enjoyable part of this job			

Please write in the space below, the names of any companies **you do not want us to contact.**

Education

Highest education completed (Check one)			
Elementary School	<input type="checkbox"/>	High School	<input type="checkbox"/>
Technical College	<input type="checkbox"/>	University	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>		<input type="checkbox"/>

High School

Name		Location	
Your Final GPA		Total Students in graduating class	
Your rank in class			
Offices, Honors			
Extracurriculars			

College/Graduate School

Name		Location	
Your Final GPA			
Major Field of Study			
Offices, Honors			
Extracurriculars			

College/Graduate School

Name		Location	
Your Final GPA			
Major Field of Study			
Offices, Honors			
Extracurriculars			

Military Experience (if applicable)

Branch of Service	
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Nature of Duties	
Highest Rank	
Terminal Rank or Grade	

Other

Please list any skills, licenses, experiences, or certificates you believe would help you perform at a high level.
What are your shortcomings and area for improvement?
Are you a member of any professional or ob-relevant organizations? <i>(Please exclude organizations, the name of which would indicate the racial, religious, ethnic and/or sexual orientation of its members.)</i>
With respect to your career, what are your plans for the future?

References *(include only people familiar with your work experience—do not list relatives)*

Name	Occupation	Phone	Years Known

Certification and Release

I certify that the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of the facts called for in this application may result in rejection of my application, rescinding the offer, or discharge any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history, offense, violation history, and motor vehicle driving records.

Signature	Date

SPECIAL NOTE

If this application is emailed to I.P.M., you do not have to sign it at this time. If you are called in for an interview, you will be asked to sign the printed application at that time.

CONDITIONS OF EMPLOYMENT

Welcome to Integrated Pest Management. We are glad you are here and interested in working with our service team. In order to qualify for our company, candidates must successfully meet certain conditions of employment. Our obligation is that there be a safe and secure work place for all. If we offer you a service job, the following conditions of employment must be met. If you have any questions, feel free to ask them. If at any state you are not comfortable with these conditions, let us know.

The following conditions of employment exist at Integrated Pest Management:

- **Valid Driver's License** – You must present a valid driver's license at the time of application.
- **Department of Motor Vehicle Driver's Record** – Prior to employment you must provide a copy of your DMV driver record which meets or exceeds driver accidents standards established by the CPS Insurance Company. We will make a copy of your license at this time.
- **Pre-Employment Physical Screening** – Prior to employment, a health-screening agency will conduct a basic physical screening to be certain you are capable of doing the job, based on its physical job requirements.
- **Pre-Employment Drug Screening** – Integrated Pest Management is proud to be a drug and alcohol free workplace. As a result, the company recognizes its responsibility to be reasonably assure a drug and alcohol free work place. *Prior to employment*, you will receive a drug test. A “Negative” test result is required, showing no illegal drug use. If you take medication, please tell the health-screening agency when tested.
- **Reference Checking** – It is Integrated Pest Management policy to verify all references and information provided on your application.
- **Criminal Background Search** – Prior to employment, Integrated Pest Management will conduct a criminal background search.
- **Non-Competitive Work Agreement** – This agreement must be signed upon being offered a job, which states that upon termination (for any reason) you will not compete with Integrated Pest Management for a period of three years.
- **Pesticide Applicator License** – Continuing employment is contingent upon passing state exam(s) which result in receiving a commercial applicators license. Failure to maintain the license can be a cause for termination.
- **Citizenship** – You must show proof of citizenship via, the Federal I-9 Employment Eligibility Verification form.
- **Standard Shift** – You must be capable of driving a standard shift vehicle.
- **Periodic Driver Record Checks** – From time to time you may be required to authorize Integrated Pest Management to obtain your driver record for safety reviews.

Integrated Pest Management is an equal opportunity employer, offering employment without regard to race, color, religion, gender, national origin, age, marital status, veteran status, or unrelated medical conditions or handicap or sexual orientation.