



APPLICATION FOR EMPLOYMENT

PERSONAL INFO					
LAST NAME		FIRST NAME		MIDDLE	DATE
PRESENT ADDRESS			CITY	STATE	ZIP
			HOW LONG AT THIS RESIDENCE?		
PHONE ()	EMAIL ADDRESS		POSITION DESIRED		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME

PERSONAL HISTORY	
HAVE YOU EVER WORKED FOR SAFEGUARD PEST CONTROL BEFORE? IF YES, PLEASE GIVE THE DATE(S) AND DETAILS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THERE ANYTHING IN YOUR DRIVING RECORD THAT WOULD MAKE YOU UNINSURABLE BY A STANDARD INSURANCE CARRIER? IF YES, PLEASE EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES AND PHYSICAL DEMANDS OF THE JOB FOR WHICH YOU ARE APPLYING? IF NO, PLEASE EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Safeguard will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.	

EMPLOYMENT INFO	
HAVE YOU BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAY WE CONTACT YOUR CURRENT EMPLOYER? IF NO, PLEASE EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AVAILABLE FOR WORK ON WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AVAILABLE TO WORK OVERTIME OR BE ON CALL, IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)	
IF HIRED, WHAT DATE CAN YOU START WORK?	
HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST 3 YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION? YEAR: _____ NUMBER OF DAYS MISSED: _____ YEAR: _____ NUMBER OF DAYS MISSED: _____ YEAR: _____ NUMBER OF DAYS MISSED: _____	
PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:	

EDUCATION			
SCHOOL NAME(S) / LOCATION	GRADUATED?	DEGREE / CERTIFICATE	COURSE OF STUDY OR MAJOR
HIGH SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TRADE SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO		



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PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Add additional page if necessary.

MOST RECENT EMPLOYER NAME		EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP			NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE				
PREVIOUS EMPLOYER NAME		EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP			NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE				
PREVIOUS EMPLOYER NAME		EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP			NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE				
PREVIOUS EMPLOYER NAME		EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP			NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE				
PREVIOUS EMPLOYER NAME		EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP			NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE				

PROFESSIONAL REFERENCES

Please list persons you have worked with who can tell us about your **on-the-job experience and performance**.
Individuals with no prior work experience may list school or volunteer references.

NAME / TITLE	HOW DOES THIS PERSON KNOW YOU?	EMAIL ADDRESS	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN



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PERSONAL REFERENCES

Please list personal references, **not previous employers or relatives**, who know you well and that we may contact.

NAME / TITLE	HOW DOES THIS PERSON KNOW YOU?	EMAIL ADDRESS	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

APPLICANT'S STATEMENT AND AGREEMENT

Please Read Carefully, initial and Sign Below

Safeguard Pest Control is committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, national origin, citizenship status, uniform service member status, age, genetic information, pregnancy, childbirth or pregnancy-related conditions, disability or any other protected status in accordance with all applicable federal, state and local laws.

In the event of my employment with Safeguard Pest Control(hereinafter "Safeguard"), I will comply with all rules and regulations of Safeguard and the Work-site Employer. I understand that Safeguard reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of job related results of any physical examination and related tests to Safeguard. I also understand that I may be required to undergo job related personality and/or integrity assess-ments, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. If it is, I agree to participate in the application process if so advised by Safeguard.

Upon offer of employment or employment, I further understand that Safeguard may obtain Public Records about me as part of a background investigation including Department of Justice Live Scan and that Safeguard will consider qualified applicants and employees including those with criminal histories,

in a manner consistent with state and local "Fair Chance" laws.

Initial: _____

I hereby authorize Safeguard to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Safeguard my former employers and all other persons, corporations, partner-ships and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby state that all the information that I have provided on this application or any other documents completed relating to my employment, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided Safeguard is found to be false or incom-plete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If you have any questions regarding this statement, please ask a Safeguard representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

SIGNATURE

This application will be considered for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must re-apply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION (INCLUDING ATTACHED FORMS, IF ANY) IS TRUE AND ACCURATE.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT. SIGNATURE OF APPLICANT	DATE
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