

PRE EMPLOYMENT INFORMATION FORM



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, natural origin, age, marital status, or the presence of a non-job related medical condition or handicap.

(Answer all Questions - please print)

Date of Application _____ Position Applied For _____

Referral Source: Advertisement Friend Relative Employment Agency Other _____

Name _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Home _____ Cell _____ What County Do You Reside In: _____

Have you filed an application or been employed here before? Yes No Date(s) _____

Are you a Citizen of the United States? Yes No If not, do you possess an Alien Registration Card? Yes No

Are you available to work? Full Time Nights Saturdays Can you travel if a job requires it? Yes No

Can you perform the essential job functions without accommodation? Yes No If No, Explain:

Do any of your friends or relatives work here? Yes No If Yes, list names: _____

Have you ever been convicted of any crime, other than minor traffic offenses? If yes, describe in full including dates: _____

Have you received a moving traffic violation within the past 5 years? Yes No If yes, for what? _____

Have you ever had your license revoked, cancelled or suspended for any reason? Yes No Explain any accidents

How many N.C. driving points do you have on your record? _____

Driver's License No. _____ Which State _____ Expiration Date _____

Are you a Veteran? Yes No From: When _____ To: _____

If yes, what was your branch of military service? _____ Type of Discharge _____

ECONOMY EXTERMINATORS IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PREVIOUS EMPLOYMENT EXPERIENCE

List below each job held. Start with your present or last job. You should include military assignments.

Employer _____ Phone _____ Address _____ Job Title _____ Supervisor _____	Start Date _____ End Date _____ Start Pay _____ End Pay _____	Work Performed: _____ _____ _____ Reason For Leaving: _____
Employer _____ Phone _____ Address _____ Job Title _____ Supervisor _____	Start Date _____ End Date _____ Start Pay _____ End Pay _____	Work Performed: _____ _____ _____ Reason For Leaving: _____
Employer _____ Phone _____ Address _____ Job Title _____ Supervisor _____	Start Date _____ End Date _____ Start Pay _____ End Pay _____	Work Performed: _____ _____ _____ Reason For Leaving: _____
Employer _____ Phone _____ Address _____ Job Title _____ Supervisor _____	Start Date _____ End Date _____ Start Pay _____ End Pay _____	Work Performed: _____ _____ _____ Reason For Leaving: _____

Are You on Lay-Off and Subject To Recall? Yes No

List the Last Five Years Total Income: 2005 _____ 2006 _____ 2007 _____
2008 _____ 2009 _____

Give Name, Address and Phone Number Of Three References Not Related To You or Past Employers.

EDUCATIONAL BACKGROUND

Elementary School:	_____
High School:	_____
Years Completed: Circle:	4 5 6 7 8 9 10 11 12
College/University/Technical School:	_____
Years Completed: Circle:	1 2 3 4
Graduate/Professional:	_____
Years Completed: Circle:	1 2 3 4
Diploma or Degree:	_____

In Case of Accident or Emergency, please notify:		
_____	_____	_____
Name	Address	Phone No.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant: _____ Date _____