

# 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: 2006 \_\_\_\_\_ 2007 \_\_\_\_\_ 2008 \_\_\_\_\_  
 2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EDUCATIONAL BACKGROUND

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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

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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 \_\_\_\_\_