

AMERICAN PEST CONTROL, INC.
CORPORATE OFFICE:
69 N 30th ST.
LAS VEGAS, NEVADA, 89101
702-382-6366

Pre-Employment Form

Date of Application _____ Telephone No: Home _____ Cell _____

Last Name _____ First name _____ Middle _____

Address: Number _____ Street _____ City _____

State _____ Zip _____

Have you ever used another name? Yes No

If Yes, list all other names to enable a check on your work and educational record: _____

Are you eligible for employment in the U.S.A.? (Proof will be required at time of hire) Yes ___ No ___

Position(s) applied for _____ Rate of pay expected _____

If your application is considered favorably, on what date will you be available for work _____

How did you hear about American Pest Control? _____

Do you have any friends or relatives working here? If yes, state name(s) and relationship:

Name Relationship _____

Name Relationship _____

If hired, would you have a reliable means of transportation to and from work: Yes No

Are you at least 21 years old? Yes No

Are you available to work: Weekends? . . . Yes No Overtime? . . . Yes No Nights Yes No

Are there any other experiences (including Military), skills, or qualifications, which you feel, would especially fit you for work with our organization? _____

Do you read, write or speak any foreign languages? Yes No

If yes, which language(s)? _____

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?* Yes No

If yes, please give the offense(s), date(s), locations(s), court(s), case number(s), and dispositions(s).

Have you ever been terminated or asked to resign from any job? Yes No If Yes, please explain circumstances:

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- **NOTE:** Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (In answering these questions, do not include minor traffic infractions, convictions for which the record has been sealed or expunged, and conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post-trial diversion programs, and marijuana-related offenses that occurred over two years ago.)

PRE-EMPLOYMENT INFORMATION

(Answer ALL Questions – Please Print)

Have you received a moving traffic violation or had your license suspended within the past 3 years? Yes No
(If you are applying for a position that requires driving a company vehicle)

If yes, for what? _____
Where? Convicted? _____
Where? Convicted? _____

Do you have a valid Nevada driver's license: Yes No What state? _____
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying,
with or without reasonable accommodation? Yes No

Are you licensed/certified for the job applied for? (If Required) Yes No
Name of License/Certification: _____
Issuing State: _____
License/Certification Number: _____
Has your license/certification ever been revoked or suspended? Yes No
If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

EDUCATION

High School _____ College _____ NO. OF YEARS _____
Trade, Business School _____
Military Service Yes No How many Years _____ What Branch _____ Honorable Discharge Yes No

EMPLOYMENT HISTORY:

List below all present and past employment starting with your most recent employer. Account for all periods of
Un-employment. (You must complete this section even if attaching a resume.)

Name of Employer _____ Telephone Number _____
Type of Business _____ Your Supervisor's Name _____
Address and Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Your Position and Duties: _____
Your Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____
Type of Business _____ Your Supervisor's Name _____
Address and Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Your Position and Duties: _____
Your Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____
Type of Business _____ Your Supervisor's Name _____
Address and Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Your Position and Duties: _____
Your Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone Number _____
Type of Business _____ Your Supervisor's Name _____
Address and Street _____ City _____ State _____ Zip _____
Dates of Employment: _____ Weekly Pay: _____
From _____ To _____ Your Position and Duties: _____
Your Reason for Leaving: _____

May we contact this employer for a reference? Yes No

AUTHORIZATION FOR RELEASE OF DRIVER'S INFORMATION

- A. I am a prospective employee of American Pest Control.
- B. I authorize said company, or its agent(s), to obtain my abstract of driver record from the Nevada Department of Motor Vehicles (DMV) to be used exclusively by said company to determine whether I should be employed to operate a commercial vehicle upon the public highways of the State of Nevada
- C. I understand that a "Commercial Vehicle" means any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- D. I further understand that no information contained in the abstract of driver record shall be divulged, sold, assigned, or otherwise transferred to any third person or party. Initials _____

American Pest Control is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, citizenship, sex, gender, sexual orientation, veteran or military status, marital status, pregnancy, religion, medical condition, mental or physical disability, age or any other characteristic or condition protected by applicable state or federal law.

Applicant's Statement & Agreement

I hereby certify that I have been informed of the duties of the position for which I am applying at **American Pest Control** ("Company"). I certify that the information contained in this Application is correct and complete. I have not falsified nor withheld any information that might adversely affect my chance for employment. Further, I understand that falsification or omission or any material information I provide or submit to the Company, either verbally or in writing, as part of my application process, including during any pre-employment interview, will be sufficient cause for cancellation of my Application and/or immediate termination if I have been employed, regardless of the time elapsed before discovery. I agree that if employed by the Company, I will abide by all policies and procedures established by the Company, as modified from time to time. I further acknowledge that if hired by the Company, my employment is "at will," which I understand means that there is no specific term or duration of employment, that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without advance notice. I further understand that any purported assurance of continued employment, whether written, oral or implied by conduct, shall not be binding nor interpreted as changing the "at will" employment relationship unless specifically acknowledged in writing signed by the President of the Company. I also understand that if I am employed, the Company retains the sole discretion to modify my compensation and benefits, my position, duties and other terms and conditions of employment, including the right to impose discipline of whatever type and for whatever reasons the Company, in its sole discretion, determines to be appropriate. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. If I am employed, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the United States. I understand that I may waive my right to receive a copy of any public record obtained by the Company when conducting a background investigation of me per the requirements of Nevada law. by checking the "Yes" box which follows: I waive my right to receive a copy of any public records obtained about me.
 Yes No

I further understand that the Company operates drug-free workplaces and that if I am provided with a contingent offer of employment, I will be asked to submit to testing for the current illegal use of drugs and/or controlled substances by a facility or testing laboratory that is chosen and paid for by the Company. I also understand that if I become an employee of the Company, I will be subject to the Company's Drug and Alcohol Free Workplace Policy. I understand that the reason for such Policy and testing is that the Company endeavors to operate its business in a safe manner for all employees and customers. I understand that the results of such testing will be communicated to the Company or one of its agents and that if I refuse to be tested, or if I produce a positive test result, I understand that I will not be further considered for employment or if hired, will be subject to termination. I voluntarily consent to the drug and/or alcohol testing pursuant to the Company's Policy.

I certify that I have read, understand and agree to the foregoing.

Date _____ Applicant Signature **X** _____

Applications MUST be Signed to be Considered

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewer _____ Date _____

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Salary _____