



AN EQUAL OPPORTUNITY EMPLOYER

1. Full Name: (Last) _____

(First) _____

(Middle) _____

2. Social Security No: _____

3. Other name(s), if any, under which you have worked or attended school:

4. Address _____
(street)

(city) (state) (zip code)

5. Telephone number _____

6. Position Desired: _____

7. Years of related experience: _____

8. Employment Desired:

Full-time _____

Part-time _____

Other (explain) _____

9. Date available to start: _____

10. Are you willing to work any shift?

Yes__ No__ (explain) _____

11. Have you ever been convicted of a felony or misdemeanor?

Yes__ No__

12. Are there any felony or misdemeanor charges pending against you?

Yes __ No__

If you answered yes to 11 or 12 above, complete the following:

Date	Offense	Place	Disposition

13. U.S. Military Service

Branch of Service: _____

From: _____ To: _____ Rank: _____

Discharge: _____

14. Education

Institution	Name and location of school	No. of years attended	Major field	Degrees awarded

15. Do you have any commitments to another employer that might affect your employment with us? _____

If so, explain: _____

16. Work Experience

PLEASE LIST *ALL* PREVIOUS EMPLOYMENT AND BEGIN BY LISTING YOUR LAST OR PRESENT EMPLOYMENT FIRST. ATTACHING A RESUME IS NOT SUFFICIENT.

Employment Dates	Company	Position	Duties	Reason for Leaving	Wage or Salary
From: To:					
	Name: Address:				
	Name: Address:				
	Name: Address:				
	Name: Address:				
	Name: Address:				

17. AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. *(please initial)* _____

I request that previous employers contacted by **APM Mosquito Control** in connection with this application fully respond to all inquiries concerning such previous employment and specifically waive prior written notice of disclosure of my personal record information including disciplinary reports, letters of reprimand, or other disciplinary action. In consideration of the acceptance of my application, I release **APM Mosquito Control** and previous employers of any claimed liability arising out of such response and disclosure. *(please initial)* _____

If offered employment, I agree and consent to provide blood and urine specimens for alcohol and drug-screening analysis. I understand and agree that **APM Mosquito Control** may require me to undergo a physical examination. I also consent to an investigation of my driving record. I understand that any offer of employment by **APM Mosquito Control** will be contingent on the results of such investigation, alcohol and drug screening, and physical examination. *(please initial)* _____

I understand that if hired I will be an at-will employee and that my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either **APM Mosquito Control** or myself. I further

understand that no supervisor or representative of **APM Mosquito Control**, other than the owner, has any authority to enter into any agreement contrary to the foregoing and that such agreement must be in writing and signed by the owner. In consideration of such employment, I agree to conform to the rules and policies of the company, including the arbitration procedure. *(please initial)* _____

Dated: _____ /s/ _____
(Signature)

Name (print): _____