



Whatever it Takes

Application for Employment

Date [] Social Security Number []

Personal Information:

Name []
Last First Middle

Present Address []
Street City State Zip

Permanent Address []
Street City State Zip

Phone Number: [] [] Email Address: []
Day Evening

Are you 18 years or older? [] Yes [] No

Are you a U.S. citizen or an alien authorized to work in the United States? [] Yes [] No

Employment Desired:

Position [] Date you can start [] Salary desired []

Are you employed now? [] Yes [] No May we contact your present employer? [] Yes [] No

Ever applied with Parker Pest Control before? [] Yes [] No Referred by: []

If so, when? []

Education:

| | Name and Location of School | # of years attended | Diploma | Subjects Studied |
|--------------------------|-----------------------------|---------------------|---------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade or Business School | | | | |

General Studies:

Subjects of special study or research work:

Special Skills:

Activities (civic, athletic, etc.):

Exclude organizations, the name of which indicates the race, cred, sex, age, marital status, color or nation of origin of its members.

Are you in the Armed Forces? Yes No

If so, what branch and rank?

Employment:

List below the last three employers, starting with the most recent

| Date Month and Year | Name and address of employer | Salary | Title | Reason for leaving |
|---------------------|------------------------------|--------|-------|--------------------|
| From: | | Start: | | |
| To: | | End: | | |
| From: | | Start: | | |
| To: | | End: | | |
| From: | | Start: | | |
| To: | | End: | | |

Which of these jobs did you like the best and why? _____

Which of these jobs did you like the least and why? _____

References:

Give the names of three people not related to you, whom you have known at least one year.

| Name | Address | Phone Number | Years Acquainted | Business |
|------|---------|--------------|------------------|----------|
| | | | | |
| | | | | |
| | | | | |

In case of emergency notify:

Name Relationship

Address Phone Number

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have and/or release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for no definite period and may regardless of the day of payment of my wages and salary be terminated at any time without prior notice and without cause.

Date: Signed:

Fax completed application to: 800.376.2847