

Name _____
Last First Middle Nickname

Present Address _____ Yrs. _____
Street City State Zip

Phone _____ Social Security Number _____ Salary Desired _____

Previous Address _____ Yrs. _____
Street City State Zip

Are you over age eighteen (18)? _____ Yes _____ No (If no, employment is
subject to verification that you are minimum legal age.)

Are you a United States Citizen? _____ Yes _____ No (If no, can you show
proof that you can legally be employed in the U.S.? _____ Yes _____ No

PRIOR WORK RECORD

Most Recent Employer _____
Address _____ Telephone _____
Date Hired _____ Date Left _____ Wage/Salary _____
Immediate Superior _____

Name _____ Position _____
Your Job Title/Duties _____
Reason for leaving _____

Employer _____
Address _____ Telephone _____
Date Hired _____ Date Left _____ Wage/Salary _____
Immediate Superior _____

Name _____ Position _____
Your Job Title/Duties _____
Reason for leaving _____

Employer _____
Address _____ Telephone _____
Date Hired _____ Date Left _____ Wage/Salary _____
Immediate Superior _____

Name _____ Position _____
Your Job Title/Duties _____
Reason for leaving _____

Have you ever been discharged or asked to resign a Job? _____ Yes _____ No
If yes, explain _____

Does your present employer know of your plans to change employment? ____ Yes ____ No

Why do you desire to make a change? _____

How much time have you lost from work during this past year? _____

Would you have steady transportation to work? _____ Yes _____ No

Educational Background

Name and Location	Yrs. comp.	Graduate	Courses
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High School _____
College _____
Other _____

References
(Do not list relatives or former employers.)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I agree to be employed on a Ninety calendar day's probationary period and that I may be dismissed at any time during this period at the discretion of the employer.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature of Applicant _____ Date _____

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION CONCERNING MY DRIVING RECORD TO TO ABOVE NAMED COMPANY (CANADY & SON EXTERMINATING, INC.)

SIGNED: _____ NAME: _____

DATE: _____ LICENSE# _____

ADDRESS: _____
