

Corky's Pest Control, Inc.
 909 Rancheros Drive, San Marcos CA 92069
 Phone (866) 596-1762 Fax (760) 432-9465
 HR@corkypest.com

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any application from consideration for employment on a basis of race, creed, color, age, sex, religion, national origin, sexual orientation or any other basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Applications will remain active for 90 days after submittal. After that time, the applicant must renew it in order to be reconsidered for employment.

Applicant Name: _____ Date: _____

Address: _____

Telephone #: _____ Social Security#: _____

How were you referred to us? _____

Position(s) applied for or type of work desired: _____

Type of employment desired: Full-time Part-time (# of hours desired _____) Temporary

Desired starting pay rate \$ _____ per _____ Desired pay rate in one year \$ _____ per _____

Date you will be available to start work: _____

Please complete the following weekly schedule availability chart:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Earliest available start time:							
Latest available end time:							

Can you work overtime when needed? Yes No

Would you have difficulties attending Saturday meetings? Yes No

Have you ever been employed by Corky's Pest Control? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Are you able to perform the essential functions of the job for which you are Yes No
 applying, either with or without reasonable accommodations?

List all prescribed medication you are currently taking? _____

Have you been convicted of a felony in the last 7 years? Yes No

If yes, please explain (a conviction will not automatically bar employment): _____

Please answer the following questions only if driving is an essential function of the job for which you are applying*

Driver's License Number: _____ State _____ Exp. Date _____

List any other states where you have been a licensed driver in the past 7 years: _____

Have you been convicted of driving under the influence? Yes No If yes, Date: _____

List all moving violations in the past 7 years _____

***Please attach a copy of a current Department of Motor Vehicles report of your driving record to this application.**

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Employment History

Please provide all employment information for you're past three employers, or past 7 years, whichever is greater, starting with the most recent. Use a supplemental sheet if necessary.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

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Supplemental Sheet

Employment History continued

Please provide continued employment information to cover at least the past 7 years.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From: _____ to: _____ Salary: _____

Job summary: _____

Reasons for leaving: _____

Educational History

Name of School Location # Years Major Degree

High School: _____

College: _____

Technical Training: _____

Other: _____

Other Skills and Qualifications

Do you have a CA Structural Pest Control License License? Yes No

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

Military Service

Have you been a member of the United States Armed Forces? Yes No If yes, what branch? _____

If yes, were you honorably discharged? Yes No If No, please explain _____

Are you a current member of the US National Guards or Reserves? Yes No

Personal References

Please provide three people, not related to you, whom you have known or done business with for at least one year and who are not former employers.

Name #Years Known Address Occupation Phone#

I hereby authorize Corky's Pest Control, Inc. and its representatives to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Corky's Pest Control and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. **I understand** that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. **I understand** that if employment is offered it will be contingent upon successfully passing a pre-employment drug screening test. **I acknowledge** that if I am employed, there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that no employee or representative of Corky's Pest Control has the authority to make any agreement, which is contrary to the foregoing at-will statement. **I understand** that it is the policy of Corky's Pest Control not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. **I understand that** if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. **I represent** and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions. If accepted for employment, I agree to comply with all company policies and procedures, and to perform all duties assigned to me to the best of my ability.

Applicant signature: _____ Date: _____