

# New Applicant Information

## Applicant Data

Name:	S.S.N:			-	-
	LAST	FIRST	M.I.		
Current Address:					
City:	State:			Zip:	
Phone:	How long have you resided at current address?				
Email Address:					
Prior Address:					
City:	State:			Zip:	
Phone:	How long did you reside at prior address?				
Are you over 18 years of age?				<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Have you worked for this company in the past?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?
Name of friends or relatives who presently work for this company?					

## Emergency Contact Information

Name:	Home Phone:		
Address:	Work Phone:		
City	State:	Zip:	
How is this person related to you?			
Name:	Home Phone:		
Address:	Work Phone:		
City	State:	Zip:	
How is this person related to you?			

## Position Desired

Position:	Date you can start work:
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment History and Educational Background

List your past three (3) employers, beginning with the most recent:

Company	Address	Phone	Supervisor
1.			
2.			
3.			

List the past three (3) schools you attended, beginning with the most recent:

Name & Address	Years Completed	Did you graduate?	Major/Degree
1.			
2.			
3.			

## General

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:


## Security

Have you ever been bonded? ☐ Yes ☐ No

If so, explain:

Have you been convicted of a felony? ☐ Yes ☐ No

If so, explain (this will not necessarily exclude you from consideration):


## Military

Have you served in the military? ☐ Yes ☐ No Branch: \_\_\_\_\_

Served from     /     /     to     /     /     Rank: \_\_\_\_\_

Do you have any military commitment, including National Guard service that would influence your work schedule?

If so, explain:

Are you a Vietnam Veteran? ☐ Yes ☐ No Are you a disabled Veteran? ☐ Yes ☐ No

Are you a special disabled veteran? ☐ Yes ☐ No

**REASONABLE ACCOMMODATIONS:** In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

## Authorization

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 will be grounds for dismissal.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

We truly welcome your application with Havard Pest Control (Hereinafter referred to as Company). We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of their background, including but not limited to; information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, investigate worker's compensation claims and obtain any criminal justice agency in any state or province or any information as deemed necessary to fulfill the job requirements.

I authorize Checkr, Inc. and any of its agents/designated Company Personnel or affiliates, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of the Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and agencies to provide Checkr, Inc. with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, its agent, Checkr, Inc., and their associates to the full extent permitted by law from claims, damages, costs, and expenses, or any other charge or complaint filed with any agency rising from the retrieving and reporting information.

**APPLICANT:**

Signature:		SSN:	
Printed Name:		Date:	
Address:	License #:	Type:	State:
City:	State/Zip:	Date of Birth:	

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.