



Onstar Pest Control, Inc.

1.

P.O. Box 1337

Oakdale, CA 95361

845-8939 fax

209-

Application for Employment

Thank you for your interest in working for Onstar Pest Control, Inc. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep for your reference.

Please complete the attached application and authorization for release of information forms. Please print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date where applicable. Use the abbreviation N/A if a particular provision or section in the form is not applicable to you. Incomplete applications will not be considered.

We will keep application on file for 12 months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for the position, an interview will be arranged. It is not necessary for you to contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers, and licensing/certification agencies. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy or mental disability or age as defined by law.

Onstar Pest Control, Inc.

2.

APPLICATION FOR EMPLOYMENT

Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Are you 18 or older? Yes ____ No ____

Driver's License NO. _____ State Issued: _____ EXP: _____

Pest Board License NO. _____

Have you ever been arrested for any cause whatsoever, with the exception of a Class C misdemeanor Traffic Violation? Yes ___ No ___ If yes, fill in the details concerning each arrest. If addition space is needed use the back of this page.

DATE	CHARGE	PLACE	DISPOSITION OF CASE
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Notify in Case of Emergency:

Name: _____ Phone: _____

3.

EMPLOYMENT DESIRED AND AVAILABILITY

Position applying for: _____

Salary Desired: _____

Route Commission:

Have you ever been employed with us before? YES ___ NO ___

Date available to work _____ Shift Day ___ Evening ___ Night ___

Day you are available to work S M T W T F S (please circle)

Do you have transportation? YES ___ NO ___

EDUCATION/SKILLS

Education Studied School Name No. of Years Graduate Subjects

Grammar

School: _____

High

School: _____

College: _____

Trade

School: _____

Military: Yes ___ **Date of service:** _____ / _____ **Branch:**

4.

EMPLOYMENT RECORD

Are You currently employed? YES ___ **NO** ___

**We routinely contact an applicant's current employer for reference checks.
Would this pose**

any particular difficulty for you? YES ___ **NO** ___

LIST EMPLOYMENT FOR THE LAST 10 YEARS

Current to Last Employer:

Employer: _____ **Phone:** _____

Address: _____ **From:** _____ **To:** _____

Supervisor: _____ **Salary/HR** _____ **Route Comm:** _____

Position: _____

Reason for Leaving: _____

Employer: _____ **Phone:** _____

Address: _____ **From:** _____ **To:** _____

Supervisor: _____ **Salary/HR** _____ **Route Comm:** _____

Position: _____

Reason for Leaving: _____

Employer: _____ **Phone:** _____ **5.**

Address: _____ **From:** _____ **To:** _____

Supervisor: _____ **Salary/HR** _____ **Route Comm:** _____

Position: _____

Reason for Leaving: _____

Employer: _____ **Phone:** _____

Address: _____ **From:** _____ **To:** _____

Supervisor: _____ **Salary/HR** _____ **Route Comm:** _____

Reason for Leaving: _____

Employer: _____ **Phone:** _____

Address: _____ **From:** _____ **To:** _____

Supervisor: _____ **Salary/HR** _____ **Route Comm:** _____

Reason for Leaving: _____

Employer: _____ **Phone:** _____

Address: _____ **From:** _____ **To:** _____

Supervisor: _____ **Salary/HR** _____ **Route Comm:** _____

Reason for Leaving: _____

6.

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for 10 years of work experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Onstar Pest Control, Inc. is hereby authorized to make any investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), Education, credit, driving, or criminal history, through any investigative agencies or bureaus of its choice. I release all relevant parties from liability of any damages resulting from furnishing such information.

I understand that an offer of employment and continued employment with the company is contingent upon furnishing satisfactory proof of my authorization to work in the United States.

If employed by Onstar Pest Control, Inc. I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish addition information as may be required to complete my employee file.

I understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice. At any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

DATE: _____

SIGNATURE: _____