



STATE TERMITE & PEST CONTROL

P.O. Box 2448, Greenwood, AR 72936

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APPLICATION FOR EMPLOYMENT

PLEASE PRINT

DATE: _____

NAME: FIRST _____ MIDDLE _____ LAST _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: HOME () _____ CELL () _____ OTHER () _____

IF NECESSARY, BEST TIME TO CALL YOU _____ WHERE _____ DATE AVAILABLE FOR WORK _____

DRIVER'S LICENSE NUMBER _____ STATE _____ DATE OF BIRTH _____
(optional)

TYPE OF EMPLOYMENT DESIRED: FULL-TIME PART TIME TEMPORARY SEASONAL EDUCATIONAL CO-OP

- YES NO 1. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?
- YES NO 2. DO YOU HAVE TRANSPORTATION TO & FROM WORK?
- YES NO 3. HAVE YOU SUBMITTED AN APPLICATION WITH THIS COMPANY IN A PAST? IF YES, WHEN? _____
- YES NO 4. HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY? IF YES, WHEN? _____
- YES NO 5. ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION?
- YES NO 6. WILL YOU WORK OVERTIME IF REQUIRED? IF NO, PLEASE EXPLAIN _____
- YES NO 7. HAVE YOU EVER BEEN BONDED?
- YES NO 8. HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST SEVEN (7) YEARS? IF YES, PLEASE EXPLAIN BELOW:

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position that you are applying for.

REFERRAL SOURCE: ADVERTISEMENT EMPLOYEE - NAME _____ WALK-IN
 RELATIVE - NAME _____ GOVERNMENT EMPLOYEMENT AGENCY
 PRIVATE EMPLOYMENT AGENCY OTHER _____

FORMER EMPLOYERS (List below last three employers; starting with last one first.)

DATE (Month & Year)	NAME AND FULL ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best?

What did you like most about this job?

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone Number
_____	_____	_____

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date

Signature

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____ HIRED: YES NO

REMARKS: _____

NEATNESS: _____ ABILITY: _____ POSITION: _____

DEPARTMENT: _____ SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____
 Employment Manager Dept. Head General Manager

PRE-EMPLOYMENT BASIC SKILLS TEST

1. A building is 100 feet long and 50 feet wide. What is the total square footage of the building?
2. What is the linear footage of a building that is 150 ft. long and 75 ft. wide?
3. What is $1200 + 800 \div 2$?
4. What is 10% of 1680?
5. What is the total cubic footage of a room that is 10x12 with 8 ft. ceilings?
6. What is the total feet of $50 \text{ ft.} + 30 \text{ ft.} \div 10 \times 4$?
7. What are the total feet in 10 yards?
8. A product calls for 1 gallon per 100 sq. ft. How much would it take for 2500 sq. ft.?