## JOB APPLICATION

## Collins Pest Control, LLC PO Box 224, Port Royal, South Carolina 29935 843-524-5544

Collins Pest Control, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number: Email Address:		
Email Address.		
Date of Application:		
Employment Position		
Position(s) applying for: Pest Control Technician (full time)		
How did you hear about this position?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary desired:		
Personal Information		
Have you ever applied to or worked for Collins Pest Control, LLC before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for Collins Pest Control, LLC	Yes	No
If yes, state name & relationship:	163	140
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?		
What document can you provide as proof of citizenship or legal status?	Yes	No
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.		NO
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications					
Please list below the skills and qualifications you possess for the position for which you are applying:					
(Note: Collins Pest Control, LLC confor eligible applicants/employees to	nplies with the ADA and considers rea	asonable accommodation mea	asures that may be necessary		
High School					
Name	Location (City, State)	Year Graduated	Degree Earned		
College/University					
Name	Location (City, State)	Year Graduated	Degree Earned		
Vocational School/Specialized Tra					
Name_	Location (City, State)	Year Graduated	Degree Earned		
How many years did you serve in the What military skills do you possess	that would be an asset for this position	on?			
Previous Employment Employer Name: Job Title: Supervisor Name:					
Employer Address:					
City, State and Zip Code: Employer Telephone:					
Dates Employed:					
Reason for leaving:					
Employer Name:					
Job Title: Supervisor Name:					
Employer Address:	9				
City, State and Zip Code:					
Employer Telephone:					
Dates Employed:					
Reason for leaving:					
Employer Name: Job Title:					
Supervisor Name:	-				
Employer Address:					
City, State and Zip Code:					

Employer Telephone:  Dates Employed:	
Reason for leaving:	
References Please provide 3 personal and professional reference(s) below:	
Reference	Contact Information
Additional Information: What (if any) experience do you have in the pest control industr	y?
employment can be terminated at any time for any reason, with Control, LLC. No representative of Collins Pest Control, LLC "employment at will" relationship. You understand that your employment at will relationship.	LLC is referred to as "employment at will." This means that your h or without cause, with or without notice, by you or the Collins Pest has authority to enter into any agreement contrary to the foregoing ployment is "at will," and that you acknowledge that no oral or written alter your at-will employment status, except for a written statement erations Officer or the Company's President.
Applicant Signature:	Dated: