



Green's Exterminating Company, Inc.

P.O. Box 293360
Nashville, TN 37229

Employment Application

Revised 2/2012

Employee Information

Personal Information

You must complete all of this application for it to be considered. Applications are kept for 90 days. After 90 days, you must complete a new application to be considered for employment. Green's Exterminating Co., Inc. provides equal opportunity employment without regard to race, color, religion, sex, national origin, age, or disability, in accordance with applicable state and federal laws. Accommodation is available to applicants with a disabling condition, when applying, testing, or interviewing for a position. Please contact the main office to request accommodation.

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

If you answer "Yes" to either question one or two below, please explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense(s), the name and location of the court and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

1. Are there any felony charges pending against you now? Yes No 4. Are you 18 or older? Yes No

2. Have you been convicted of a felony, subject to a deferred adjudication, or entered a plea of "no contest" to a felony charge? Yes No

3. If hired, can you provide proof that you are eligible to work in the United States? Yes No 5. Do you have a valid drivers' license? Yes No

In case of emergency please notify _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Job Information

Position applying for _____ Full Time Part Time Date you can start _____

Are you willing to work weekends and/or overtime if required? Yes No

Are there any shifts or hours you cannot work? Yes No If "Yes", when? _____

Are you willing to travel? Yes No Are you willing to relocate? Yes No

Have you ever applied to work for this company before? Yes No If "Yes", when? _____

Referred for employment by _____

Education and Training

Select the highest level of education completed

High School -9th -10th -11th -12th Degree Earned: _____

College/University -1yr -2yr -3yr -4yr Degree Earned: _____

Graduate/Professional -1yr -2yr -3yr -4yr Degree Earned: _____

List any equipment or machinery you are qualified or certified in operating, or special skills you have:



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Former Employer Information (Starting with the most recent or current employer)

Employer		Address			
City		ST	Zip	Phone	
Job Title		Dates Employed	From Date	To Date	
Supervisor		Starting Pay	Ending Pay	Commissions or Bonuses	
Reason for Leaving					
Work Performed					

Employer		Address			
City		ST	Zip	Phone	
Job Title		Dates Employed	From Date	To Date	
Supervisor		Starting Pay	Ending Pay	Commissions or Bonuses	
Reason for Leaving					
Work Performed					

Employer		Address			
City		ST	Zip	Phone	
Job Title		Dates Employed	From Date	To Date	
Supervisor		Starting Pay	Ending Pay	Commissions or Bonuses	
Reason for Leaving					
Work Performed					

If you are currently employed, may we contact your employer? Yes No Are you presently on lay-off status? Yes No

References: (Please give names, addresses and telephone numbers for three references)
(Must not be relatives or former employers)

1. _____
2. _____
3. _____

I certify that all of the information provided is true and complete and without evasion. I understand and agree that all information may be investigated and any misstatements, falsifications, or omissions of information shall be grounds for refusal to hire or, termination if already hired.

Signature _____ **Date** _____



Applicant Consent for Employer to Perform Applicant's Background Check

By signing below I, _____, (applicant), give the president of Green's Exterminating Co., Inc., Timothy D. Green permission to perform checks on the below:

- Credit Report
- Drug tests
- Driving Records
- Social Security Number
- Character references
- Past Employers
- Personal references
- Sex offender lists

I fully understand and agree that all reports and references will be kept confidential and if I am not hired by this company all records and reports will be destroyed by Timothy D. Green.

I agree to release Greens Exterminating Co., Inc., its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Signed: _____

Print: _____

Date: _____

Authorization and Release of DMV Records

To Greens Exterminating Co., Inc.

The position I am applying for is a Class D Driving position.

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the Company Greens Exterminating Co., Inc. to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Greens Exterminating Co., Inc. vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release Greens Exterminating Co., Inc., its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Date of Birth

Driver's License Number

State of License

Signature

Date



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Employee Information

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYEE

This form should not be completed until you are an employee of Green's Exterminating Company, Inc.

Full Name: _____
Last First M.I.

Social Security Number: _____ Birth Date: _____

E-mail Address: _____

Handbook Acknowledgement: An employee handbook has been provided for your reference. The handbook contains important policies for your employment with Green's Exterminating Company, Inc. Policies included in the handbook are subject to change at any time by Green's Exterminating Company, Inc. Please read the entire handbook carefully and acknowledge receipt of the handbook and agree to abide by all policies therein by signing below.

Alcohol and Drug Testing Policy Acknowledgement: I acknowledge receipt of the Company's Substance Abuse Policy. I affirm that I have read and understand the Substance Abuse Policy and I understand if (a) I engage in the use, sale, distribution, or transfer of inhalants, illegal drugs, or alcohol during work hours, (b) I am discovered with inhalants, illegal drugs, or alcohol in my possession during work hours, or (c) I am under the influence of or impaired by an inhalant, a controlled substance, an illegal drug, or alcohol during work hours or while engaged in Company business or Company sponsored activities, that I may be subject to discipline, including immediate discharge, even for a first offense. I agree to fully comply with and abide by all rules and regulations set forth in the Substance Abuse Policy as a condition of continued employment. I further understand that the Company has the right to request, in accordance with its Substance Abuse Policy, that I submit to a drug and/or alcohol test as a condition of continued employment. I understand that refusal to consent to such a drug or alcohol test is insubordination and otherwise may be regarded as an admission by me being impaired or under the influence of a controlled substance, an illegal drug, or alcohol and it thereby grounds for my immediate termination of employment.

I also understand that any attempt by me to adulterate the test sample in a drug or alcohol test will result in my immediate termination of employment. I also affirm that I have been provided information concerning education and awareness of substance abuse problems. I have read and understand this material.

Signature _____

Date _____

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

Job Title: _____ Hire Date: _____

Supervisor: _____ Department: _____

Work Location: _____ EEO Job Class: _____

Employee ID: _____

Pay Rate: \$ _____ Per _____

Hourly

Salary (non-exempt)

Full Time (at least 30 hours per week) Part Time

Salary (exempt)

Other types of pay: _____

Give a brief description of the work to be performed by this employee:

Employer Rep: _____

Signature: _____

Title: _____

Date: _____