



TORO Pest Management EMPLOYMENT APPLICATION



TORO PEST MANAGEMENT HAS A DRUG FREE
WORKPLACE AND TESTS APPLICANTS FOR
ILLEGAL DRUG USE.

IF YOU USE DRUGS, DON'T APPLY.

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both sides of this form.
3. If more space is needed, use separate sheet.
4. Print clearly; incomplete or illegible applications will not be processed.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of race, creed, color, national origin, sex, religion, age, genetics, marital status, disabilities, veteran status, sexual orientation, or citizenship. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. Applicants are requested not to give any information, which is prohibited by federal, state or local law. **Prior to accepting employment, all employees will be required to sign an Agreement to Binding Arbitration of employment disputes. Arbitration rules are available at adr.org or a copy of the rules will be provided upon request.**

PERSONAL DATA	NAME (LAST)		(FIRST)		(NICK NAME)		(MIDDLE)		DATE			
	Social Security Number				Telephone Number				E-Mail Address			
	Physical Address (No.)						City		State		Zip	
	Are you Employed Now?		If Yes, May We Contact?		Name of Current Supervisor				Telephone Number			
	Yes No		Yes No									
	Position Desired		Expected Earnings		When Can You Start?				Do You Prefer?			
			\$ Per						(Circle One) Full Part-Time			
	Have you ever applied or worked at TORO? YES or NO; if YES, Where _____ Dates (Mo./Yr) _____											
	Why do you think you would like this type of work?											
	Name any friends or relatives in the company?						How were you referred to TORO Pest Management?					
	What type of work do you do best?											
	What made this type of work interesting to you?											
What are your goals for the future?												

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS EVERY QUESTION IN THIS SECTION IS ANSWERED.

SINCE WE WILL MAKE EVERY EFFORT TO CONTACT PREVIOUS EMPLOYERS, THE CORRECT TELEPHONE NUMBERS OF PAST EMPLOYERS ARE CRITICAL.

RECORD OF EMPLOYMENT	Dates (Mo./Yr)		Employer (1) MOST RECENT				Position Held		Person(s) Reported To:		
	From To								Name		
	Address (Street)						Earnings (Approx \$)		Position		
	City		State		Zip		(Circle One) Mo./Yr		Phone #		
							(NOT % Amounts)		()		
	Describe your duties:										
	What did you like about your position?										
	What did you least enjoy?										
	Reason for leaving: (Circle One) Resigned Terminated Laid Off										
	Please Explain:										
	Dates (Mo./Yr)		Employer (2)				Position Held		Person(s) Reported To:		
	From To								Name		
Address (Street)						Earnings (Approx \$)		Position			
City		State		Zip		(Circle One) Mo./Yr		Phone #			
						(NOT % Amounts)		()			
Describe your duties:											
What did you like about your position?											
What did you least enjoy?											
Reason for leaving: (Circle One) Resigned Terminated Laid Off											
Please Explain:											

RECORD OF EMPLOYMENT	Dates (Mo./Yr)		Employer (3)		Position Held	Person(s) Reported To:
	From	To				Name
	Address (Street)				Earnings (Approx \$) \$	Position
	City		State	Zip	(Circle One) Mo./Yr (NOT % Amounts)	Phone # ()
	Describe your duties:					
	What did you like about your position?					
	What did you least enjoy?					
	Reason for leaving: (Circle One) Resigned Terminated Laid Off					
Please Explain:						

JOB RELATED SKILLS	Note: Do not fill out any part in this section you believe to be non-related.
	Circle One:
	Yes No Have you had <u>any</u> moving violations in the past 5 years? If yes , give dates and explanation. _____
	Yes No Do you hold a valid Driver's License? List State issued. _____
	Yes No Have you been given a job description or had the requirements of the job explained to you?
Yes No Do you understand these requirements?	
Yes No Can you perform the essential functions of this job with or without reasonable accommodation?	

SECURITY	List states, counties and countries of residence for the past seven years. _____									
	Circle One:									
	Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on separate sheet.									
	Yes No Have you ever been convicted of or received a sentence for a crime other than a minor traffic violation? If yes, provide details (A conviction will not necessarily automatically disqualify you for employment. Such factors as age of conviction, seriousness, nature of the crime and rehabilitation will be considered).									
	*CALIFORNIA APPLICANTS ONLY: You may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial diversion program.									
<table border="1"> <thead> <tr> <th>DATE</th> <th>CITY/STATE</th> <th>CHARGE</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> </tbody> </table>		DATE	CITY/STATE	CHARGE	1.			2.		
DATE	CITY/STATE	CHARGE								
1.										
2.										

OTHER	Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____ _____
	Are you willing to relocate? (Circle One) YES NO, Any Restrictions? _____
	DO YOU SMOKE? YES NO*

EDUCATION	# OF YEARS COMPLETED	GRADUATE?	SCHOOL NAME, CITY & STATE	MAJOR/COURSE	DEGREE
	HIGH SCHOOL				
	COLLEGE				
	POST GRADUATE				

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____ HIRE DATE _____
(PRINT NAME)

An Equal Opportunity Employer