1135 South 1st Street Hamilton, MT 59840 406-363-1932

Employment Application

Personal Data	а					
Full Name			DOB	//	_ SS#	
Present Address						
	et/P.O. Box		City	State		Zip Code
Phone		Email_				
Valid Drivers Licend	ce		State	Class		
Have you had your If yes, give details:		-	=		No □	
Have you had any I If yes, give details:						
Education High School Diplom	na /GED/HiSET	Yes □ No □				
	Name	Location	Phone		Diploma / Degraphics / Degraphi	ree /
High School						
College/University						
Courses & Training						
Work Experie	PNCE (List most	recent work experie	nce first.)			
Company Name			Immedia	te Supervisor	_	
Company Address_						
St	reet/P.O. Box		City	State		Zip Code
Job Description (du	ities,skills,equipm	ent,used)				
Dates		Reason for	Leaving			
Prom (mm/y	To (mm/yy		-			
May we contact this	: Employer V	es 🗆 No 🗆				

1135 South 1st Street Hamilton, MT 59840 406-363-1932

Employment Application

May we contact this Employer Yes \square No \square

Work Experience Company Name_____ Immediate Supervisor_____ Company Address____ City Street/P.O. Box State Zip Code _____ Job Title_____ Job Description (duties, skills, equipment, used) Dates Reason for Leaving From (mm/yy) To (mm/yy) May we contact this Employer Yes \square No \square Work Experience Company Name_____ Immediate Supervisor_____ Company Address___ Street/P.O. Box City State Zip Code _____ Job Title____ Job Description (duties, skills, equipment, used) Dates___ Reason for Leaving From (mm/yy) To (mm/yy)

1135 South 1st Street Hamilton, MT 59840 406-363-1932

Employment Application

Additional Information

Other Relevant Experience		
Licenses, Certificates, Special Sk	xills Etc.	
What Machines or Equipment ca	n you operate that relate to the job your appl	ying for?
References (References should ha	ave experience with your work history.)	
Name	Location	Phone
and complete to the best of my known	r written), I certify that all information on this and owledge and contains no willful falsification or mislated information they may have about me.	
Signaturo		Data

1135 South 1st Street Hamilton, MT 59840 406-363-1932

Employment Application

AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

- The Disclosure of Background Investigation;
- The federal governmental notice entitled, "A Summary of Your Rights Under the Fair Credit Reporting Act";
- The document entitled "Additional State Law Notices" (and if a California applicant/employee, the Notice Regarding Background Investigation Pursuant to California Law).

My signature below indicates my authorization for <u>Bug Off Pest Control and Tree Service</u> ("the Company") to obtain consumer and/or investigative consumer reports about me from a consumer reporting agency in considering me for hiring, promotion, assignment, reassignment, retention, discipline, or other employment purposes.

By signing below, I also acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed by the Company, this authorization will remain in effect throughout the term of my employment, or to the extent allowed by law.

California, Mini	nesota, and Oklahoma Applicar	nts/Employees	Only: Please check this b	ox if you would like a fro
	umer or investigative consumer r			No
Would you like y	our copy sent via e-mail for faste	r delivery?	Yes No	
E-mail Address	:		<u> </u>	
Date:	Sigr	nature:		
<u> </u>				
PERSO	NAL DATA NEEDED FOR B	ACKGROUN	D CHECK— <u>PLEASE C</u>	<u>OMPLETE</u>
First Name	Mic	L	Last Name	
Street Address	City	State	Zip Code	Phone
Date of Birth	Social Security Number	Driv	er's License Number	State of License
List any other citie	s and states in which you have	lived during t	the previous 7 years.	
List any other I AS	T NAMES you have used durin	a the previous	7 years and/or for highe	r education)