



APPLICATION FOR EMPLOYMENT

IMPORTANT NOTICE: Dixie Exterminators, Inc. is a drug free workplace. BEFORE you can be made an offer to work for us you must agree to have a urinalysis test at a laboratory chosen by us.

You will also be asked to sign a release agreement that will release Dixie Exterminators, Inc. from liability.

Any applicant testing positive on the pre-employment screen, or refusing the test, will not be made an employee at that time.

Dixie Exterminators, Inc. will conduct a full criminal background check of all applicants before making an employment offer.

PRINT YOUR NAME ON THE LINE BELOW: _____
First, MI, Last

POSITION YOU ARE APPLYING FOR: _____

DATE: _____

You must complete all pages of this application - even if you are submitting a resume.

For company use:

Clear drug screen: _____ Date: _____

Interviewed by: _____ Date: _____

Clear criminal background: _____ Date: _____

Interviewed by: _____ Date: _____

Clear MVR: _____ Date: _____

Interviewed by: _____ Date: _____

Wonderlic score: _____

Interviewed by: _____ Date: _____

Profile: _____

Today's Date: _____

Referred by: _____

Position applying for: _____

Salary/wage Expected: _____

Dixie Exterminators, Inc. is an Equal Opportunity Employer and fully subscribes to, as well as, practices the principals of Equal Opportunity Employment. Therefore, prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, marital status or veteran status.

Incomplete applications will not be accepted for an interview.

Personal Information:

Full Name: _____ Social Security #: _____

Address: _____

City: _____

Home Phone #: (____) _____

State: _____ Zip: _____

Business Phone #: (____) _____

How long at this address: _____

Previous address: _____

How long at previous address: _____

In Case of Emergency Notify:

Name: _____

Relationship: _____

Phone #: (____) _____

Address: _____

Education Information:

Name of School	Address (city, state)	Graduated: Yes/No	Graduated: Type of Degree	College Major
High School:				
College:				
Other:				
Other:				
Other:				

Military History: (Please check one) ___ Yes ___ No If yes, what branch: _____

Date of first induction: ____/____/____ Date of last separation: ____/____/____

**ASI ADVANTAGE SERVICES, INC.
APPLICANT CONSENT FORM TO RELEASE
PRIVATE AND EMPLOYMENT INFORMATION**

I understand that in consideration of my application with Dixie Exterminators, Inc., an investigation may be conducted of my past employment and activities to ensure the business standards and practice of Dixie Exterminators, Inc. I authorize past employers, personal references and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background; military service and credit history. I release all persons, including past employers, credit bureaus, and government agencies from any liabilities or damages for having furnished such information in good faith.

In consideration of my application for employment, I hereby authorize Dixie Exterminators, Inc. and/or Advantage Services, Inc. and/or their agents to conduct such an investigation, and release the companies names above, including its officers, employees, agents and representatives from all liability or responsibility for this investigation, which may include, but is not limited to the gathering of information regarding personal, professional and educational references, credit or consumer investigations, driving histories, civil, professional license and any criminal history information which may be in the files of any state, local or Federal criminal justice agency. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. A telephone facsimile (fax) or a photographic copy of this authorization shall be valid as the original.

Applicant Signature: _____

Date: _____

Applicant - please complete information below:

Full Name Printed (First, Middle, Last) Social Security #

Other Names Used (Maiden, Nickname, Former Married Names)

Driver's License # State Date of Birth Race Sex

Home addresses for past seven years:

<u>From: Mo. / Yr.</u>	<u>Street / City / State / Zip Code</u>	<u>County</u>	<u>To: Mo. / Yr.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Employment History:

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer. Incomplete or false information is grounds for dismissal.

From:	To:	Position:	Company's Phone #:
Company:			
Address:			
Supervisor:		Duties:	
Salary	Start:	Ending:	Reason for Leaving:

From:	To:	Position:	Company's Phone #:
Company:			
Address:			
Supervisor:		Duties:	
Salary	Start:	Ending:	Reason for Leaving:

From:	To:	Position:	Company's Phone #:
Company:			
Address:			
Supervisor:		Duties:	
Salary	Start:	Ending:	Reason for Leaving:

Employment History: (Cont'd)

From:	To:	Position:	Company's Phone #:
Company:			
Address:			
Supervisor:		Duties:	
Salary	Start:	Ending:	Reason for Leaving:

From:	To:	Position:	Company's Phone #:
Company:			
Address:			
Supervisor:		Duties:	
Salary	Start:	Ending:	Reason for Leaving:

May we contact the employers listed above?

If not, please indicate those you do not want us to contact and list the reason as to why?

Do Not Contact: _____ Reason: _____

Do Not Contact: _____ Reason: _____