

IMPORTANT INFORMATION:

Resumes will be accepted in lieu of a Hi-Tech Termite Controls application. Notify Human Resources of any changes in address or telephone numbers. Selected applicant will be required to provide verification of employability under the guidelines of the Immigration Reform Act of 1986 prior to appointment to the position. This application does not constitute an express or implied contract or offer of employment.

TYPE OR PRINT WITH INK ONLY. ANSWER ALL QUESTIONS COMPLETELY EXCEPT THOSE THAT ARE SPECIFICALLY IDENTIFIED AS OPTIONAL.

POSITION FOR WHICH YOU ARE APPLYING:

NAME

| | | |
|------|-------|----------------|
| LAST | FIRST | MIDDLE INITIAL |
|------|-------|----------------|

ADDRESS

| | | |
|--------|--------|------------------|
| NUMBER | STREET | APARTMENT NUMBER |
| CITY | STATE | ZIP CODE |

TELEPHONE

| | | |
|-------------|-------------|-------------|
| () () () | () () () | () () () |
| HOME | WORK | CELL |

SOCIAL SECURITY NUMBER

DO YOU HAVE A VALID DRIVER'S LICENSE?

| | | | | | |
|--------------------------|--------------------------|------------------------|----------------|-------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| YES | NO | IF YES, STATE OF ISSUE | LICENSE NUMBER | CLASS | EXPIRATION DATE |

HAVE YOU BEEN CONVICTED OF A FELONY?

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |
| YES | NO | IF YES, EXPLAIN. DISCLOSURE WILL NOT NECESSARILY RESULT IN DISQUALIFICATION |

EDUCATION AND TRAINING

| NAME AND LOCATION OF HIGH SCHOOL | HIGH SCHOOL GRADUATE | HIGHEST GRADE COMPLETED | | | | | | | | | | | |
|--|---|-------------------------|---|---------|---|--------------------|---|---|---|---|---|---|---|
| | | HIGH SCHOOL | | COLLEGE | | GRADUATE | | | | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| NAME AND ADDRESS OF COLLEGE, UNIVERSITY, TRADE, VOCATIONAL SCHOOL OR INSTITUTE | MAJOR | DATES | | | | DEGREE/CERTIFICATE | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

PROFESSIONAL LICENSES, CERTIFICATES OR OTHER CREDENTIALS RELATED TO THIS POSITION

| DESCRIPTION | NUMBER | ISSUED BY WHOM | EXPIRATION DATE |
|-------------|--------|----------------|-----------------|
| | | | |
| | | | |
| | | | |

LIST BELOW OTHER RELATED TRAINING AND SKILLS (OFFICE SKILLS, COMPUTER SKILLS, MECHANICAL, ETC.)

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ADDITIONAL INFORMATION YOU WOULD LIKE ECOLA SERVICES, INC. TO CONSIDER

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IN ACCORDANCE WITH EQUAL EMPLOYMENT LAWS, HI-TECH TERMITE CONTROL IS REQUIRED TO MAINTAIN STATISTICAL DATA ON ALL APPLICANTS. YOUR VOLUNTARY COOPERATION IN COMPLETING AND RETURNING THE FOLLOWING INFORMATION IS APPRECIATED. NO EMPLOYMENT DECISIONS WILL BE MADE BASED ON THIS INFORMATION.

EMPLOYMENT HISTORY

LIST ALL PAID AND VOLUNTEER POSITIONS HELD DURING THE PAST 10 YEARS. BEGIN WITH PRESENT OR MOST RECENT EMPLOYMENT. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THIS SECTION. ADDITIONAL SHEETS MAY BE ATTACHED. CHECK BOX IF YOU DO NOT HAVE 10 YEARS OF WORK HISTORY.

| | | |
|-------------------------------------|----------------|-----------------------|
| DATE EMPLOYED FROM: _____ TO: _____ | | EMPLOYER NAME |
| WEEKLY HOURS | MONTHLY SALARY | EMPLOYER ADDRESS |
| POSITION TITLE | | DESCRIPTION OF DUTIES |
| SUPERVISOR'S NAME | | |
| SUPERVISOR'S TELEPHONE NUMBER | | |
| REASON FOR LEAVING | | |

| | | |
|-------------------------------------|----------------|-----------------------|
| DATE EMPLOYED FROM: _____ TO: _____ | | EMPLOYER NAME |
| WEEKLY HOURS | MONTHLY SALARY | EMPLOYER ADDRESS |
| POSITION TITLE | | DESCRIPTION OF DUTIES |
| SUPERVISOR'S NAME | | |
| SUPERVISOR'S TELEPHONE NUMBER | | |
| REASON FOR LEAVING | | |

| | | |
|-------------------------------------|----------------|-----------------------|
| DATE EMPLOYED FROM: _____ TO: _____ | | EMPLOYER NAME |
| WEEKLY HOURS | MONTHLY SALARY | EMPLOYER ADDRESS |
| POSITION TITLE | | DESCRIPTION OF DUTIES |
| SUPERVISOR'S NAME | | |
| SUPERVISOR'S TELEPHONE NUMBER | | |
| REASON FOR LEAVING | | |

| | | |
|-------------------------------------|----------------|-----------------------|
| DATE EMPLOYED FROM: _____ TO: _____ | | EMPLOYER NAME |
| WEEKLY HOURS | MONTHLY SALARY | EMPLOYER ADDRESS |
| POSITION TITLE | | DESCRIPTION OF DUTIES |
| SUPERVISOR'S NAME | | |
| SUPERVISOR'S TELEPHONE NUMBER | | |
| REASON FOR LEAVING | | |

MAY WE CONTACT YOUR PRESENT AND PAST EMPLOYERS? YES NO LATER

EMPLOYERS LISTED IN THIS APPLICATION ARE AUTHORIZED TO GIVE ANY JOB RELATED INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT. YES NO

WERE YOU EMPLOYED UNDER ANOTHER NAME? _____
IF YES, GIVE NAME

CERTIFICATION OF APPLICANT (READ THIS STATEMENT CAREFULLY BEFORE SIGNING):

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION, INCLUDING THOSE REGARDING MY TRAINING AND EXPERIENCE, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY ECOLA SERVICES, INC..

DATE

SIGNATURE OF APPLICANT