



Outside is fun again

Application of Employment for Mosquito Joe of Metro Detroit

First Name: _____

Middle Name: _____

Last Name: _____

Previous Name: _____ Date: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Soc. Sec. Number: _____

Home Phone Number: _____

Cell Number: _____ Primary number _____

E-Mail Address: _____

Driver's License Number: _____ State Issued: _____

Date of expiration _____

Are you at least 18 years old? _____

Will you pass a criminal background check? _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? _____

Are you able to lift 60lbs independently? _____

Do you have reliable transportation to work? Yes _____ No _____

EMPLOYMENT OPPORTUNITY:

Position Applying For: _____
How did you hear about the position? _____
Date you can start: _____
Desired Salary: _____
Are you employed now? _____
Where? _____
May we consult your employer? _____
Have you applied to this company before? _____ When? _____ Where? _____
Referred by: _____

EDUCATION:

Are you a high school graduate? _____ School? _____
Graduation Year: _____ Have you served in the US Military? _____ Branch: _____
Are you current member of the National Guard or Reserves? _____
Have you attended college? _____ How Many years? _____
College? _____ Did you graduate? _____
Degree _____

Name of Applicant: _____

EMPLOYMENT HISTORY:

Employer 1: _____

Address: _____

From: _____ To: _____

Job Title/ Position Held: _____ salary/hr.: _____

Supervisor: _____

Phone Number: _____ can contact? _____

Responsibilities: _____

Reason for leaving: _____

Employer2: _____

Address: _____

From: _____ To: _____

Job Title/ Position Held: _____ salary/hr.: _____

Supervisor: _____

Phone Number: _____ can contact? _____

Responsibilities: _____

Reason for leaving: _____

Employer3: _____

Address: _____

From: _____ To: _____

Job Title/ Position Held: _____ salary/hr.: _____

Supervisor: _____

Phone Number: _____ can contact? _____

Responsibilities: _____

Reason for leaving: _____

Employer 4: _____

Address: _____

From: _____ To: _____

Job Title/ Position Held: _____ salary/hr. : _____

Supervisor: _____

Phone Number: _____ can contact? _____

Responsibilities: _____

Reason for leaving: _____

Name of Applicant: _____

REFERENCES:

Name: _____

Relationship: _____

Phone 1: _____

Phone 2: _____ Email: _____

Employer: _____

Job Title: _____ years known: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship: _____

Phone 1: _____

Phone 2: _____ Email: _____

Employer: _____

Job Title: _____ years known: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship: _____

Phone 1: _____

Phone 2: _____ Email: _____

Employer: _____

Job Title: _____ years known: _____

Address: _____

City: _____ State: _____ Zip: _____

BACKGROUND:

All applicants are considered for positions with **Mosquito Joe of Metro Detroit** based on their abilities, skills and knowledge without regard to race, color, religion, national origin, age, veteran or marital status, physical or mental disability.

Have you ever been convicted of a felony or had any issues with the law that would appear in a background check that Mosquito Joe should be made aware of? _____

If so, please elaborate: _____

Do you have any special skills or licenses that would be relevant to the position? _____

Please elaborate: _____

Any other optional relevant information to be considered for your employment? _____

Name of Applicant: _____

*I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL OF THE RULES AND REGULATIONS OF THE MICHIGAN DEPARTMENT OF AGRICULTURE AS WELL AS ALL RULES AND REGULATIONS OF MOSQUITO JOE. I ALSO AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS MANAGING OWNERS, AND THEN ONLY IN WRITING AND SIGNED BY A MANAGING OWNER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant Signature: _____ Date: _____

In Case of Emergency, Notify:

Name: _____

Address: _____

Phone: _____

CONFIDENTIAL

BACKGROUND CHECK & DRIVER'S LICENSE RECORD AUTHORIZATION

FIRST NAME: _____ MIDDLE _____ LAST _____

FORMER NAME(S) AND DATES USED: _____

CURRENT ADDRESS SINCE: _____

PREVIOUS ADDRESS FROM: _____

PREVIOUS ADDRESS FROM: _____

DRIVER'S LICENSE STATE: _____ BIRTHDATE: _____

DRIVERS LICENSE NUMBER: _____ DATE OF EXPIRATION: _____

TELEPHONE NUMBER: _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE MOSQUITO JOE AND ITS DESIGNATED AGENTS AND REPRESENTATIVES TO CONDUCT A COMPREHENSIVE REVIEW OF MY BACKGROUND CAUSING A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT TO BE GENERATED FOR EMPLOYMENT AND/OR VOLUNTEER PURPOSES. I UNDERSTAND THAT THE SCOPE OF THE CONSUMER REPORT/ INVESTIGATIVE CONSUMER REPORT MAY INCLUDE, BUT IS NOT LIMITED TO THE FOLLOWING AREAS: VERIFICATION OF SOCIAL SECURITY NUMBER; CREDIT REPORTS, CURRENT AND PREVIOUS RESIDENCES; EMPLOYMENT HISTORY, EDUCATION BACKGROUND, CHARACTER REFERENCES; DRUG TESTING, CIVIL AND CRIMINAL HISTORY RECORDS FROM ANY CRIMINAL JUSTICE AGENCY IN ANY OR ALL FEDERAL, STATE, COUNTY JURISDICTIONS; DRIVING RECORDS, BIRTH RECORDS, AND ANY OTHER PUBLIC RECORDS.

I FURTHER AUTHORIZE ANY INDIVIDUAL, COMPANY, FIRM, CORPORATION, OR PUBLIC AGENCY TO DIVULGE ANY AND ALL INFORMATION, VERBAL OR WRITTEN, PERTAINING TO ME, TO OR ITS AGENTS. I FURTHER AUTHORIZE THE COMPLETE RELEASE OF ANY RECORDS OR DATA PERTAINING TO ME WHICH THE INDIVIDUAL, COMPANY, FIRM, CORPORATION, OR PUBLIC AGENCY MAY HAVE, TO INCLUDE INFORMATION OR DATA RECEIVED FROM OTHER SOURCES. AND IT'S DESIGNATED AGENTS AND REPRESENTATIVES SHALL MAINTAIN ALL INFORMATION RECEIVED FROM THIS AUTHORIZATION IN A CONFIDENTIAL MANNER IN ORDER TO PROTECT THE APPLICANTS PERSONAL INFORMATION, INCLUDING, BUT NOT LIMITED TO, ADDRESSES, SOCIAL SECURITY NUMBERS, AND DATES OF BIRTH.

SIGNATURE: _____ DATE: _____

Name of Applicant: _____

Please complete the following:

	True	False
I prefer to work by myself	_____	_____
I can get along with others even when I don't agree with them.	_____	_____
If I have a problem I usually solve it myself.	_____	_____
Being courteous with customers is important.	_____	_____
I come to work on time.	_____	_____
I will argue with someone until they see my point of view.	_____	_____
Given a choice I would rather work as part of a team.	_____	_____
If you are busy, it is OK to take short cuts.	_____	_____
I usually only miss 1-2 days of work a month.	_____	_____
I like a job where I don't talk to customer's	_____	_____
I like clear guidance from management	_____	_____
I call in sick for work often	_____	_____
I believe in hard work	_____	_____
I usually get along with people I work with	_____	_____
I like to work with minimal guidance	_____	_____
If there are rules, I always follow them	_____	_____
I think the world owes me	_____	_____
I smile and laugh easily	_____	_____
People like working with me	_____	_____
Coworkers know they can depend on me to do the job right	_____	_____
I like being outside	_____	_____
I do the right thing, even when no one is looking	_____	_____