



## WORK HISTORY

List in order with MOST RECENT employer FIRST  
(Please account for all time, including time not working)

Company Name:		Address:	Phone:	Wage/Salary:
From MO/YR:	Job Title:	All former supervisors names:		Title:
To MO/YR:	Description of duties:			
Reason for leaving:				

Company Name:		Address:	Phone:	Wage/Salary:
From MO/YR:	Job Title:	All former supervisors names:		Title:
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Company Name:		Address:	Phone:	Wage/Salary:
From MO/YR:	Job Title:	All former supervisors names:		Title:
To MO/YR:	Description of duties:			
Reason for leaving:				

Our recruitment process includes verification of employment history and educational qualification.

Indicate any employers/educational institutions we should not contact and why:

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Are you licensed to practice any trade or profession?

YES / NO

If yes, state nature of license, issuing authority and date:

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Are you able, with or without reasonable accommodation, to perform the tasks and functions of the position for which you are applying competently and without endangering the health and safety of yourself and/or others?

YES / NO

List any clubs, organizations, societies, or professional groups to which you belong which have a direct bearing upon your qualifications for the job, which you are seeking:

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List any special skills or abilities, which directly relate to the job for which you are applying:

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List business references who have knowledge of your **employment and professional competence**. Attempt to give those who were superior to you. Otherwise, list those who were on an equal level, and subordinates to you.

Name	Reference Relationship	Title	Company	Phone
1.				
2.				

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

\_\_\_\_\_ In submitting this application for training, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, driving record and/or criminal history. I authorize anyone possessing this information to furnish it to Revolution National Pest Council Inc. and/or a third party company upon request and I release anyone so authorized, Revolution National Pest Council and any third party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

\_\_\_\_\_ If I am accepted by Revolution National Pest Council, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal from training.

\_\_\_\_\_ Revolution National Pest Council requires that any applicant to whom a contingent offer of training is made must pass a drug test and or Live Scan consistent with applicable laws and regulations. An offer of training is contingent upon an applicant's submission to and passing the drug test and or Live Scan. By signing this Application, I agree to undergo drug testing by urinalysis if required. I understand the results of this test will be disclosed to Revolution National Pest Council.

\_\_\_\_\_ I certify that the information contained in this Application for training is correct to the best of my knowledge and I understand that any misrepresentations of the facts given in this application may be grounds for refusal to train or grounds for removal from training. This application becomes void after 60 days.

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Applicant's Signature

Date Signed

**An Equal Opportunity Employer**