

# Texas Pest Management Association Application for Employment

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address if Different: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_ License Number and State: \_\_\_\_\_

Do you have an automobile that you can use I your work? \_\_\_\_\_

Do you have required automobile liability Insurance? \_\_\_\_\_

Do you understand that you could be exposed to hazardous agricultural chemicals? \_\_\_\_\_

## Employment Desired

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Are You Currently Employed? \_\_\_\_\_ If so, may we call you current employer? \_\_\_\_\_

Have you ever been employed by TPMA before? \_\_\_\_\_ If so, date: \_\_\_\_\_

## Education

Education	Name and Location of School	Years Attended	Graduated	Subject (s) Studied
High School				
College				
Trade, Business or Correspondence School				

## Emergency Contact

Name of Person to be Contacted in Case of Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone Number: \_\_\_\_\_  
Address City State Cell Phone Number: \_\_\_\_\_

Relationship of Person to you: \_\_\_\_\_

**Former Employers**

Name and Address of Employer	Date Began	Date Ended	Position	Reason for Leaving

**References (List Two)**

Name of Reference	Address of Reference	Relationship to Reference	Years Acquainted

I hereby authorize and request any and all of my former employers and any other person or company to furnish any and all information concerning my credit worthiness and personal background and I hereby release each such employer and other person or company from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, person characteristics and mode of living, and hereby authorize the procurement of the reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request, in writing, such disclosure within a fifteen-day period.

I understand that if employed any misrepresentation or omission of facts requested in this application is cause for dismissal, my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only**

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_

Recommended for Employment YES \_\_\_\_\_ NO \_\_\_\_\_

If no, Reason:

Employee Status Scout \_\_\_\_\_

Mileage YES \_\_\_\_\_ NO \_\_\_\_\_

Rate of pay per hour \$ \_\_\_\_\_

Rate per Mile \$ \_\_\_\_\_

NAME: \_\_\_\_\_

*Please list any of the following dates which apply to you.*

*Give Dates*

*Return to College or High School*

\_\_\_\_\_

*Vacations*

\_\_\_\_\_

*Camps (Church, Cheerleader, etc.)*

\_\_\_\_\_

*Orientation - College*

\_\_\_\_\_

*4H & FFA Events*

\_\_\_\_\_

*Sports/Athletic Training*

\_\_\_\_\_

*Summer School / Other Jobs*

\_\_\_\_\_

*Any other time off needed*

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date