



Home Saving Termite Control, Inc.

P.O. Box 661129
Los Angeles, CA 90066
310-391-0682 / Fax 310-390-5635
email: jobs@drywoodtermitecontrol.com

APPLICATION FOR "AT WILL" EMPLOYMENT STATUS With Home Saving Termite Control, Inc.

Home Saving Termite Control, Inc. is a equal opportunity employer

Date: ____/____/____

PERSONAL:

Name: _____	Referred By: _____
Address: _____	Applying For: _____
City: _____ State: ____ Zip: _____	Social Security #: _____
Home Phone: _____ Alt. Phone: _____ Best Time To Call: _____	Driver License #: _____
Full time positions only	

EDUCATION:

Name and Location:	From:	To:	Curriculum:	Date Graduated:
High School: _____				
College: _____				
Other: _____				

SPECIAL SKILLS or TRAINING:

REQUIREMENTS for EMPLOYMENT:

- You must have a high school degree or equivalent.
- No drug use, no alcohol problems.
- No felony convictions.
- Proof of good driving record.
- Proof you are legal to work in the United States and the state of California.
- Be able to read, write, speak and understand the English language.
- Most importantly a positive attitude and desire to be the best you can be.

U.S. MILITARY RECORD:

Branch of Service: _____	From: _____	To: _____	Discharge Date: _____
Duties: _____			

REFERENCES:

Name:	Address / Phone:	Years Known:

EMPLOYMENT (5 HISTORY):

From:	To:	Employer:	Phone:	City, State:
Job Title:		Responsibilities:		
Supervisor's Name:				
Starting Salary/Wages:				
Final Salary/Wages:		Reason For Leaving (Required):		
From:	To:	Employer:	Phone:	City, State:
Job Title:		Responsibilities:		
Supervisor's Name:				
Starting Salary/Wages:				
Final Salary/Wages:		Reason For Leaving (Required):		
From:	To:	Employer:	Phone:	City, State:
Job Title:		Responsibilities:		
Supervisor's Name:				
Starting Salary/Wages:				
Final Salary/Wages:		Reason For Leaving (Required):		
From:	To:	Employer:	Phone:	City, State:
Job Title:		Responsibilities:		
Supervisor's Name:				
Starting Salary/Wages:				
Final Salary/Wages:		Reason For Leaving (Required):		
From:	To:	Employer:	Phone:	City, State:
Job Title:		Responsibilities:		
Supervisor's Name:				
Starting Salary/Wages:				
Final Salary/Wages:		Reason For Leaving (Required):		

APPLICANTS STATEMENT:

I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause of dismissal. I authorize investigation of all statements contained in this application for employment maybe necessary in arriving at an employment decision.

Signature: _____ Date: ___/___/___

Do Not Write Below This Line:
