



# Employment Application

12812 S. Memorial Dr. #105  
 Bixby, OK 74008  
 www.okpestcontrol.com

**This is a drug-free workplace offering equal employment opportunities.**

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, physical or mental handicap, disability, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

## Your Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Drivers License # \_\_\_\_\_ DOB \_\_\_\_\_  
 Preferred method of contact:  Home Phone  Cell Phone  E-mail  Other: \_\_\_\_\_

## Your Work History And Any Employment Gaps

**MUST** be completed even when accompanied by resume. List most recent or current job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history for a minimum of 15 years.

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		Supervisor's Name
	Starting	Final	
<input type="radio"/> Resigned or <input type="radio"/> Terminated State Reason:			
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		Supervisor's Name
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Address (City, State, Zip)	Phone		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		Supervisor's Name
	Starting	Final	
<input type="radio"/> Resigned or <input type="radio"/> Terminated State Reason:			

## Tell Us About Yourself

You must answer EVERY question on this application. If a question does not apply, put "N/A." Please print.

What position are you applying for? \_\_\_\_\_

What is your salary expectation? \$ \_\_\_\_\_ When can you start work? (Date) \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

*(If you were referred by a person, please provide the name)*

Have you completed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, date/position/location \_\_\_\_\_

Are you available to work (Check any that apply):  Full-time  Part-time  Temporary  Nights  Weekends

Are there any days or times during the week that you are not available to work?  Yes  No

*(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)*

If yes, please list the days/times you are not available to work \_\_\_\_\_

If necessary, can you provide proof that you are over any minimum work age requirement?  Yes  No

Are you willing to work overtime?  Yes  No Do you have steady transportation to work?  Yes  No

Can you travel, if required?  Yes  No What percentage of time? \_\_\_\_\_

Are you on a layoff and subject to recall?  Yes  No May we contact your present employer?  Yes  No

How much time have you lost from work during the past 12 months? \_\_\_\_\_

Are you now, or do you expect to be, engaged in any other business or employment while working here?  Yes  No

If yes, please explain \_\_\_\_\_

Are you presently an officer, employee, or employer of another business in our industry or with whom we compete?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been refused bond?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

*(Proof of citizenship status/identity required upon hire)*

What three things are most important to you in a job?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

What three adjectives best describe you?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

What type of work do you most enjoy? \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

## Tell Us About Your Special Skills and Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company

List any professional, trade, business, or civic activities or offices held that would relate to working here

List any foreign languages that you fluently speak, read, and/or write that would relate to working here

List software programs that you are proficient in

## Your Educational Background

Schooling	Did you graduate?	Years Completed	Degree Received & Major subject	Name of School	Location
High School or GED	<input type="radio"/> yes <input type="radio"/> no				
Trade, Business or Correspondence	<input type="radio"/> yes <input type="radio"/> no				
College	<input type="radio"/> yes <input type="radio"/> no				
Graduate School	<input type="radio"/> yes <input type="radio"/> no				

## Tell Us About Your Driving Record

*Necessary for positions that may require use of a personal or company vehicle for work.*

Do you hold a valid Driver's License?  Yes  No License # & State Issued

Have you been convicted of any moving violation(s) in the last 3 years?  Yes  No

If yes, give date(s) and explanation of each

## Tell Us About Your Past

*Answering "yes" to any of these questions is not an automatic bar to employment.*

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?

Yes  No If yes, explain the circumstances, employer, and date

Have you ever been a defendant in a civil action for an intentional tort? (e.g. assault, battery, false imprisonment, infliction of emotional distress, tortious interference with a business relationship, defamation, invasion of privacy, fraud and misrepresentation, abuse of process and malicious prosecution or others)

Yes  No If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the disposition or outcome

Do you currently have any criminal charges pending against you?

Yes  No If yes, describe the details of the charge(s), the date(s) of the offense(s) (month and year), your age at the time of the offense(s), and the current status of the charge(s)

Are you currently wanted by any law enforcement agency?

Yes  No If yes, by what agency and for what act?

Have you been convicted of a felony?  Yes  No

If yes, please describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense:

Have you been convicted of a misdemeanor within the past 5 years?  Yes  No

(Other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)

Have you completed a period of incarceration within the past 5 years for any misdemeanor?  Yes  No

(Other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)

If the answer to the above question is "yes" were you convicted more than 5 years ago for any offense?  Yes  No

(Other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)

## Tell Us About Any Records *(Must be answered by all candidates)*

Have you ever been convicted of; received a sentence for; pled nolo contendere (no contest) to; been placed on probation, fined, or entered a pretrial intervention program for; or had adjudication withheld by any judicial or quasi-judicial body for a crime, other than a minor traffic violation? *(Any criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with any state or federal regulations, you may be required to provide copies of any criminal records. Answering "yes" to this question is not an automatic bar to employment.)*

- Yes  No If yes\*, describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense *(See below for specific instructions related to your particular state. If your state is not listed, answer this question as worded.)*

## Military Service

Branch of Service: \_\_\_\_\_ Rank at discharge, if applicable \_\_\_\_\_

List duties and special training and/or skills \_\_\_\_\_

## Non-Compete Agreement

Are you currently subject to a Non-Compete Agreement or Restrictive Covenant that would prohibit you from working at our company in the position for which you are applying?  Yes  No

If yes, provide a copy of the agreement and state the name of the company: \_\_\_\_\_

## Agreement and Release

For the purpose of this agreement and release, the organization that has provided you with this application is referred to as "the company," "this company," or "you." The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required. I consent to the release of any or all medical information or records deemed necessary to determine my capability to perform the essential job functions of the position for which I may hold.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and by my signature consent to these statements.

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

## Emergency Contact

In case of emergency, I authorize you to contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1: Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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