



## INSTRUCTIONS FOR EMPLOYMENT APPLICATION

1. This form may be filled in using Adobe Acrobat Reader or other compatible PDF viewing software. Please fill out entire form. Incomplete applications will be subject to rejection.
2. Save the form to your device by using the SAVE button at the bottom of the form or by following the saving procedure of the software you are using. You may also print the form using the PRINT button at the bottom of the form or by following the print procedure of the software you are using.
3. Submit completed application by fax, mail, or electronic submission.
  - a. You may fax completed application to 903-868-2635
  - b. You may mail completed application to Results Environmental Pest Management - 608 S. Sam Rabyurn Fwy. Sherman, TX 75090-7259
  - c. You may attach saved form to an email and send it to [info@resultspestcontrol.com](mailto:info@resultspestcontrol.com)
  - d. You may use the file upload feature located at [www.resultspestcontrol.com/employment](http://www.resultspestcontrol.com/employment) to submit saved form.
4. IF SUBMITTING APPLICATION VIA ELECTRONIC MEANS (EMAIL, WEBSITE UPLOAD) BE SURE TO FOLLOW INSTRUCTIONS ON APPLICATION FOR EASA ELECTRONIC SIGNATURE.



## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

Name (Last)	(First)	(M.I.)	Home Telephone
Address	(City)	(State)	(Zip)
Social Security No.		Are you legally entitled to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### POSITION

Position And Type Of Employment Desired	Will Accept: (check all that apply)	Shift: (check all that apply)
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full Time	<input type="checkbox"/> Day
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Evening
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend
Salary Desired \$ <input type="checkbox"/> Per hour <input type="checkbox"/> Per year	Date available to start	

### Education & Training

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no, list the highest grade completed _____

### College, Business School, Military (Most recent first)

Name, Location	Dates Attended Month/Year	Credits Earned		Did you Graduate?	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number	Where Issued			Expiration Date
Occupational License, Certificate or Registration		Number	Where Issued			Expiration Date
Occupational License, Certificate or Registration		Number	Where Issued			Expiration Date
Languages read, written or spoken fluently other than English						

### Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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### SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

**WORK EXPERIENCE** (List most recent first and include voluntary work and military experience)

Employer	Phone number	From (mo / yr)
Address	City, State, Zip	To (mo / yr)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary \$
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Phone number	From (mo / yr)
Address	City, State, Zip	To (mo / yr)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary \$
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Phone number	From (mo / yr)
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Job Title	Number Employees Supervised	
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary \$
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

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

If you wish to submit this application electronically you must digitally sign this document. To digitally sign this document place a mark in the "I Agree" below the Electronic Application Submission Agreement (EASA) and enter your initials in the box provided.

**EASA**  
I understand and agree that by placing a mark in the box provided and providing my initials as a unique identifier that I am electronically signing this document. I further understand that electronic signatures are considered under U.S. law to be as valid and binding as a written signature.

I Agree Initials

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PLEASE READ CAREFULLY

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by RESULTS ENVIRONMENTAL PEST MANAGEMENT hereinafter called ("the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of RESULTS ENVIRONMENTAL PEST MANAGEMENT, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and RESULTS ENVIRONMENTAL PEST MANAGEMENT may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company and any entity contacted for the purposes of investigation of statements contained in this application from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, mode of living, as well as criminal and driving records and history. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be evaluative and provisional for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you wish to submit this waiver electronically you must digitally sign this document. To digitally sign this document place a mark in the "I Agree" box below the Electronic Application Submission Agreement (EASA) and enter your initials in the box provided.**

**EASA**

**I understand and agree that by placing a mark in the box provided and providing my initials as a unique identifier that I am electronically signing this document. I further understand that electronic signatures are considered under U.S. law to be as valid and binding as a written signature.**

I Agree    Initials   

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications