

Silver lining Pest Control

6006 Crab Orchard

San Antonio, Texas 78240-2291

210-979-1173

PLEASE PRINT ALL INFORMATION REQUESTED

APPLICATION FOR EMPLOYMENT
APPLICANTS WILL BE TESTED FOR DRUGS

				DATE _____
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
How long have you lived in San Antonio Texas? _____		Social Security No. _____ - _____ - _____		
Home: () _____ Cell () _____				
If under 18, please list age _____				
Date Of Birth: _____ / _____ / _____		Days/hours available to work		
Month	Day	Year	No Prêt _____	Thu _____
			Mon _____	Fri _____
			Tue _____	Sat _____
			Wed _____	Sun _____
Position applied for (1) _____				
and salary desired (2) _____				
(Be specific)				
How many hours can you work weekly? _____		Can you work nights? _____		
Employment desired	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME		
When available for work? _____				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

A criminal background check will be done on all applicants.

* HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

* HAVE YOU EVER BEEN ARRESTED? NO Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were Committed, sentence(s) imposed, and type(s) of rehabilitation. _____