



## JOB APPLICATION

**Backwoods Pest Control LLC**  
3108 E Oregon Rd, Elk, Washington 99009  
Phone: (509) 408-2860 Email: [info@backwoodspestcontrol.com](mailto:info@backwoodspestcontrol.com)

Backwoods Pest Control LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

### Applicant Information

**Date of Application:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Cell Phone Number:** \_\_\_\_\_  
**Other Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

### Employment Position

**Position(s) applying for:** Pest Control Technician: \_\_\_\_\_ Route Supervisor: \_\_\_\_\_ Customer Service Representative: \_\_\_\_\_ Sales Representative: \_\_\_\_\_  
Snow Removal: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? (Check all that apply) Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

What hours or shifts are you available for work? (Check all that apply) Day's (7am-4pm) \_\_\_\_\_ Evening's (3pm-11pm) \_\_\_\_\_ Overnight (11pm-7am) \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_ Per Hour: \_\_\_\_\_ Per Year: \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for Backwoods Pest Control LLC before? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Backwoods Pest Control LLC? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, state name & relationship: \_\_\_\_\_

Are you a U.S. citizen or approved to work in the United States? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Can you provide documentation as proof of citizenship or legal status? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will you consent to a mandatory controlled substance test? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any conditions which would require job accommodation? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe accommodation required below.  
\_\_\_\_\_  
\_\_\_\_\_

### Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

---

---

---

---

(Note: Backwoods Pest Control LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)



**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Were you a member of the Armed Services? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 What branch of the military did you enlist? \_\_\_\_\_  
 What was your military rank when discharged? \_\_\_\_\_  
 How many years did you serve in the military? \_\_\_\_\_  
 What military skills do you possess that would be an asset for this position?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employment (5 years)**

**Employer Name:** \_\_\_\_\_ **May we contact this employer:** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **May we contact this employer:** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **May we contact this employer:** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information (Phone Number)

