



**The Best People, The Best Products, The Best Service**  
**(661) 589-0615**

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name \_\_\_\_\_  
(LAST) (First)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Driver license number: \_\_\_\_\_ EXP: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Expected wages \_\_\_\_\_

Applying for: **Full-time / Part-time** are you 18 or over? **Yes / No**  
(Circle answer) (Circle answer)

Days available to work: **All** or **Mon. Tues. Wed. Thurs. Fri. Sat.**  
(Circle answer)

Are you willing to work overtime when asked? **Yes / No**  
(Circle answer)

Can you travel if required by this position? **Yes / No**  
(Circle answer)

On what date are you available to begin work? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain (a conditions will not bar employment): \_\_\_\_\_

Are you legally eligible for employment in the United States? **Yes / No** (If yes proof is required)  
(Circle answer)

Special training or skill (Languages, machine operations, etc.) that would be of special benefit in the

Job for which you are applying: \_\_\_\_\_

**Educational Background:**

High school: \_\_\_\_\_ (Name & Location) \_\_\_\_\_ (Graduate?) yes no

College: \_\_\_\_\_ Level completed \_\_\_\_\_

Vocational or other: \_\_\_\_\_

**Personal References:**

(Other than family members or previous employers)

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Experience:**

Place an X by the employer(s) you do not want us to contact. List your most recent Employer first.

Employer / Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Work performed: \_\_\_\_\_

Dates employed from \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Hourly rate/ salary \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer / Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Work performed: \_\_\_\_\_

Dates employed from \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Hourly rate/ salary \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer / Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Work performed: \_\_\_\_\_

Dates employed from \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Hourly rate/ salary \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Be sure to read the following before signing and dating this application:**

To the best of my knowledge the information contained on this application is true. I hereby authorize my prospective employer to investigate any and all statements contained within the application as such investigation may be necessary or helpful in arriving at an employment decision. If employed, any false statement, misrepresentation, or omission of facts on the application or on any supporting documents, regardless of when discovered to be false or omitted may result in immediate dismissal. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits. I further understand that any employment relationship with the employer is an "at-will" relationship which means that I may resign at any time and my employer may discharge me at any time or without cause. This "at-will" employment relationship may not be changed in the future unless done explicitly in writing and explicitly approved by the board of directors. I also understand that if employed by the company, I will be required to abide by all rules, regulations, and policies of my employer, including, but not limited to, policies on drug and alcohol testing. I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dear Applicant:**

We are pleased you have chosen Abate-A-Weed as a prospective employer. Please consider the following criteria!

**First:** Abate-A-Weed prohibits the use and / or abuse of drugs, including alcohol, in the workplace. Abate-A-Weed recognizes that alcohol and drug abuse or dependency is a major health problem that can have tragic consequences for individuals, families and the workplace. While Abate-A-Weed endeavors to avoid unnecessary intrusion into employee’s lives, **we are committed to providing a workplace safe from the adverse effects of alcohol and drugs.** Thus all candidates selected for employment shall undergo an alcohol and drug screening process by a medical provider of Abate-A-Weed ‘s choice. This test will be at Abate-A-Weed ‘s expense. Employment is contingent upon passing this test. Refusal to participate in this procedure will result in termination of employment status.

**Second:** for those positions where driving is required, each candidate for employment will be required to have a valid California driver’s license. Candidates selected will also need to provide to Abate-A-Weed a print out of their driving history no less then 5 days old for review. This print out will be at the candidate’s expense.

**Third:** as required by the immigration reform and control act of 1986, your employable status must be established. To verify employable status, you must provide valid identification and licensure. Expired identification or licensure will not be accepted.

**Fourth:** we are a smoke-free company, for the health of our employees we are committed to provide a safe and healthy environment. Therefore smoking is prohibited inside buildings. You must be prepared to work your shift uninterrupted to smoke.

**Fifth:** all questions on the application must be answered to properly evaluate you for employment. Your qualifications for the job, past work experience, your interview performance and the information received from your references will be considered during the hiring decision. We will contact you should you be selected for the next step in the interview process.

**I agree that if employed, I will be required to undergo a drug and alcohol screen and a pre-employment medical examination as part of starting work at Abate-A-Weed and authorize the testing laboratory to release test results to the company. I agree that a reproduced copy of this pre-employment consent and release form has the same force as the original. I have carefully read and understand this form. I understand that the immigration reform and control act require me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I acknowledge that signing this form is voluntary and that no one forced me to sign it.**

Applicant  
(Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete Application**

Authorization for Obtaining Driving Records

Applicant Employee Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Abate-A-Weed Inc.  
9411 Rosedale Hwy.  
Bakersfield, CA. 93312

Dear Abate-A-Weed

Consumer reports may be obtained as part of the Abate-A-Weed Inc. evaluation of my job application/employment. The reports may be procured by Walter Mortensen Insurance Agency, and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature of Job Applicant/Employee

\_\_\_\_\_  
Print Name