

NAME: \_\_\_\_\_

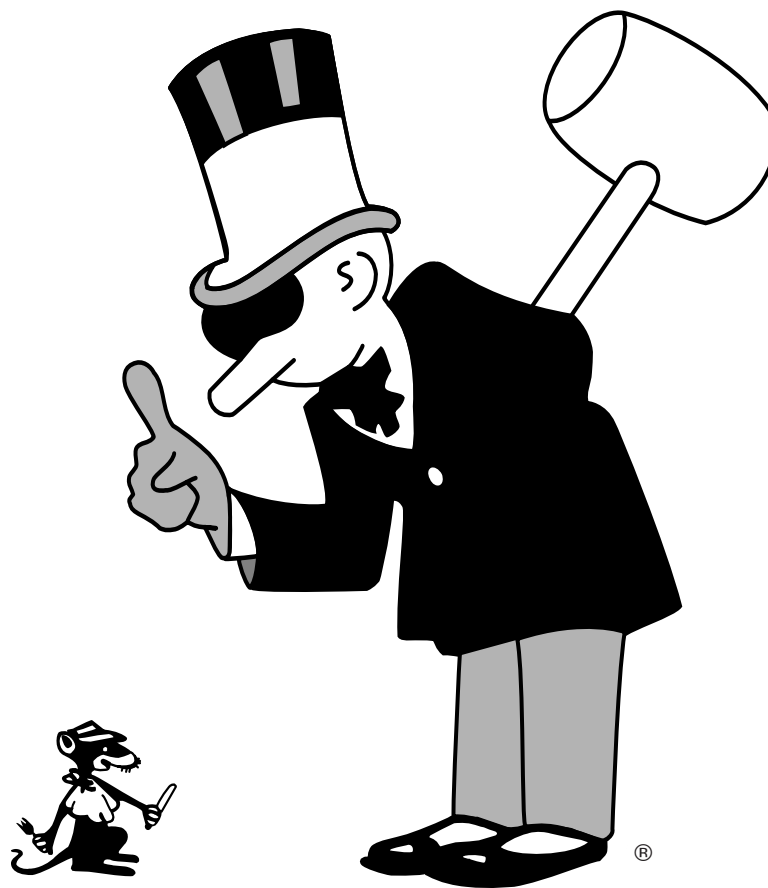
DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

SERVICE CENTER: \_\_\_\_\_

# Employment Application

- Founded in 1921, Western is the West's largest family owned and operated termite and pest control company.
- Now serving California, Arizona and Nevada, Western is the industry leader with a great reputation for service and innovation.
- Financially sound and well managed, Western's future is full of growth and opportunity.
- Available benefits include a company funded Retirement Plan, 401K Plan and Credit Union.
- With the industry's best on-going training programs, all of Western's outstanding personnel are well known for their professional abilities, dedication and knowledge and many have been with the company for several decades.
- If chosen, you'll be more than just another employee, you'll become a member of an extended family.

*Thank you for your interest in Western Exterminator Company.*



*Family Pride In Excellence Since 1921*

# WESTERN EXTERMINATOR COMPANY

### AN EQUAL OPPORTUNITY EMPLOYER

Applicants are not required to give any information prohibited by law. Our employment policies are non-discriminatory regarding race, color, creed, sex, age, national origin or ancestry, physical or mental disability, veteran status, martial status, medical condition, sexual orientation, gender identity, as well as any other category protected by the federal, state, or local laws. We are an Affirmative Action Employer.

### MEDICAL EXAMINATION AND DRUG SCREENING

All applicants to whom employment has been offered for a position at Western Exterminator Company will have to submit to a medical examination and/or a urine drug test. Employment will not be given to applicants who do not successfully pass these tests. Successful completion of the urine drug test means that one or more controlled substances (including alcohol) are not present in the applicant's body fluid specimen in amounts greater than or equal to the testing laboratory's level of sensitivity for that particular substance.

DATE:	POSITION APPLIED FOR:	SALARY DESIRED:
NAME: (Last) (First) (Middle)	SOCIAL SECURITY NO:	
ADDRESS: (Street) (City) (State) (Zip)	PHONE NO:	

<b>PERSONAL</b>	IF HIRED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? _____ YES _____ NO
	DO YOU WANT TO WORK: _____ FULL-TIME _____ PART -TIME SPECIFY DAYS AND HOURS IF PART-TIME _____
	DO YOU HAVE ADEQUATE TRANSPORTATION TO GET TO WORK? _____ YES _____ NO
	HOW WERE YOU REFERRED TO WESTERN EXTERMINATOR COMPANY? _____ AGENCY (AGENCY NAME _____) _____ FRIEND _____ RELATIVE _____ NEWSPAPER _____ OTHER _____ REFERRAL NAME (SOURCE) _____
	HAVE YOU EVER BEEN EMPLOYED BY WESTERN EXTERMINATOR COMPANY? _____ YES _____ NO IF YES, LIST DATES AND LOCATIONS _____
	LIST ANY/ ALL RELATIVES EMPLOYED BY WESTERN EXTERMINATOR COMPANY: _____
	HAVE YOU EVER WORKED UNDER A DIFFERENT NAME? _____ YES _____ NO NAME: _____
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO IF YES, LIST OFFENSE, DATE(S) AND DISPOSITION OF THE CASE(S): _____
	HAVE YOU BEEN CONVICTED OF A MARIJUANA RELATED OFFENSE WITHIN THE LAST TWO YEARS? _____ YES _____ NO IF YES, LIST OFFENSE, DATE(S) AND DISPOSITION OF THE CASE(S): _____
	*CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT. CONSIDERATION WILL BE GIVEN TO THE NATURE OF THE CRIME, ITS SERIOUSNESS, AGE AT TIME OF OFFENSE, REHABILITATION AND THE POSITION FOR WHICH YOU ARE APPLYING.
ARE YOU WILLING TO RELOCATE? _____ YES _____ NO IF YES, WHAT GEOGRAPHIC LOCATIONS DO YOU PREFER? 1. _____ 2. _____ 3. _____	

DO YOU OBJECT TO IRREGULAR HOURS? _____ YES _____ NO DO YOU OBJECT TO NIGHT WORK? _____ YES _____ NO DO YOU OBJECT TO SWING OR FLUCTUATING SHIFT WORK? _____ YES _____ NO	ARE YOU WILLING TO TRAVEL? _____ YES _____ NO IF YES, WHAT %? _____	ARE YOU WILLING TO WORK OVERTIME? _____ YES _____ NO
HOW SOON AFTER ACCEPTING AN OFFER WOULD YOU BE ABLE TO START? _____		

<b>EDUCATION</b>	<b>HIGH SCHOOL</b>	NAME:			
		LOCATION:			
			GRADUATED: _____ YES _____ NO OR HIGHEST LEVEL: _____		
	<b>UNIVERSITY UNDERGRADUATE (Transcript Desired)</b>	NAME:			
LOCATION:					
		DATES ATTENDED? FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____ GRADUATED: _____ YES _____ NO OR HIGHEST LEVEL: _____ DATE: _____			
	DEGREE OR CERTIFICATE:	MAJOR & MINOR COURSE OF STUDY:		GPA OVERALL:	MAJOR:

<b>EDUCATION (CONT.)</b>	UNIVERSITY GRADUATE (Transcript Desired)		NAME:		DATES ATTENDED? FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	
	LOCATION:		GRADUATED: ____ YES ____ NO OR HIGHEST LEVEL: _____ DATE: _____			
	DEGREE OR CERTIFICATE:		MAJOR & MINOR COURSE OF STUDY:		GPA OVERALL: _____ MAJOR: _____	
<b>OTHER, TRADE, TECHNICAL, MILITARY</b>	NAME:		DATES ATTENDED? FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____			
	LOCATION:		GRADUATED: ____ YES ____ NO OR HIGHEST LEVEL: _____ DATE: _____			
	DEGREE OR CERTIFICATE:		MAJOR & MINOR COURSE OF STUDY:		GPA OVERALL: _____ MAJOR: _____	
WHAT OTHER EXPERIENCES, SKILLS OR TRAINING DO YOU HAVE WHICH YOU FEEL WOULD QUALIFY YOU TO WORK FOR WESTERN EXTERMINATOR COMPANY? _____ _____						

<b>EXPERIENCE</b>	<b>START WITH PRESENT OR MOST RECENT EMPLOYER: (Please be specific)</b>					
	COMPANY NAME:		ADDRESS:		PHONE NO:	
			CITY:		STATE:	
	DATES EMPLOYED: FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____		POSITION HELD / RESPONSIBILITIES:			
	SALARY: START _____ END _____		REASON FOR LEAVING:		NAME OF SUPERVISOR:	
	MAY WE CONTACT YOUR CURRENT EMPLOYER? ____ YES ____ NO					
	COMPANY NAME:		ADDRESS:		PHONE NO:	
			CITY:		STATE:	
	DATES EMPLOYED: FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____		POSITION HELD / RESPONSIBILITIES:			
	SALARY: START _____ END _____		REASON FOR LEAVING:		NAME OF SUPERVISOR:	
COMPANY NAME:		ADDRESS:		PHONE NO:		
		CITY:		STATE:		
DATES EMPLOYED: FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____		POSITION HELD / RESPONSIBILITIES:				
SALARY: START _____ END _____		REASON FOR LEAVING:		NAME OF SUPERVISOR:		
COMPANY NAME:		ADDRESS:		PHONE NO:		
		CITY:		STATE:		
DATES EMPLOYED: FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____		POSITION HELD / RESPONSIBILITIES:				
SALARY: START _____ END _____		REASON FOR LEAVING:		NAME OF SUPERVISOR:		
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? ____ YES ____ NO If yes, please explain circumstances: _____ _____						

**EXP. (CONT.)**

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY FROM PAGE 3.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

WERE YOU EVER IN THE ARMED FORCES?		BRANCH OF SERVICE:	RESERVE STATUS: ____ ACTIVE ____ INACTIVE ____ REQUIRED	
DATE OF ENTRY:	STARTING RANK:	DATE OF DISCHARGE:	RANK AT DISCHARGE:	
SPECIALIZED TRAINING OR EXPERIENCE: (Identify)				

**OFFICE SKILLS**  
(For Clerical Applicants)

TYPING: ____ YES ____ NO WPM _____	10-KEY BY TOUCH: ____ YES ____ NO	PC SKILLS: ____ YES ____ NO (Type): _____
CALCULATOR: ____ YES ____ NO	CRT / WORD PROCESSOR: ____ YES ____ NO	(Type): _____ (Type): _____

**INSURANCE**

IN THE EVENT YOU ARE REQUIRED TO USE YOUR PERSONAL OR COMPANY AUTOMOBILE TO CONDUCT BUSINESS, PLEASE COMPLETE THE FOLLOWING:

DO YOU HAVE A VALID DRIVERS LICENSE? \_\_\_\_ YES \_\_\_\_ NO IF YES, LIC.# \_\_\_\_\_ STATE \_\_\_\_ EXP. \_\_\_/\_\_\_/\_\_\_

DO YOU HAVE AUTOMOBILE LIABILITY INSURANCE? \_\_\_\_ YES \_\_\_\_ NO IF YES, COMPANY NAME \_\_\_\_\_

**ACKNOWLEDGEMENT**

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW

Initial	I authorize any person, school, current employer (except as expressly noted) past employer (s) and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinions to you.
Initial	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time for any reason at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the Company or its agents all medical information revealed during such examinations. I further authorize the Company to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will so inform the Company so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon providing satisfactory documented proof of my identity and legal right to live and work in the United States. I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.
Initial	I understand if I should have any type of criminal record prior to employment and do not hold a current Structural Pest Control License for the State of California, I must first apply for a Live Scan through the Department of Justice and the FBI.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



# APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [ ].

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination or harassment, wage and hour violations, or claims based on any state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for worker's compensation benefits under the Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the United States Equal Employment Opportunity Commission or any similar state administrative agency, including the California Department of Fair Employment and Housing (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). The arbitration shall be conducted in accordance with the National rules for the Resolution of Employment Disputes of the American Arbitration Association (AAA) then in existence. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.

I understand that if applying for a position in California that requires I obtain an Applicator's or Field Representative License, or if I wish to upgrade a current license, the Structural Pest Control Board requires that I submit to a fingerprint identification (Live Scan) and undergo a Department of Justice background investigation. (Provisions of this requirement are covered in Senate Bill 363, Stats. 2003, chapter 874.) If hired, I understand that failure to pass this investigation may be grounds for termination.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this Agreement.

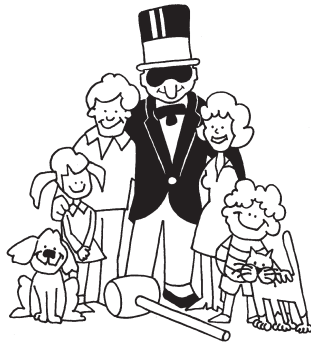
If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE OR HUMAN RESOURCE MANAGER BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_



# The Company

## MISSION STATEMENT

To provide a working climate that insures the highest quality of service and customer satisfaction in a safe environment for our employees and customers, while successfully and profitably expanding our company by providing professional services which are environmentally sound, and that improve the quality of life today and tomorrow.

## HISTORY

After emigrating from Sweden a young man named Carl Strom gained experience in the pest control industry, and developed a vision of his own. He wanted a company solidly based on efficient, high quality customer service. In 1921, with a desk, a telephone, and \$25.00 worth of chemicals he started Western Exterminator Company. In 1929, he moved to larger quarters and added two partners, one of whom was his brother-in-law, Ray Lovejoy. After World War II the company expanded north to Oakland, California, and in 1952, evolved from a partnership to a privately owned corporation. Today, Western has 30 regional service centers throughout California, Arizona and Nevada with nearly 1000 employees. Western is deservedly recognized and respected by customers and industry members alike. Even with its size, Western maintains its family atmosphere and continues to be owned and operated by the 2nd and 3rd generations of Carl's & Ray's family. A special mixture of mutual pride, loyalty and affection is genuinely felt between employee and employer at Western Exterminator Company.

## LOGO

Developed for Western in 1931 as a yellow page ad "attention-getter", the "Little Man With The Hammer" has joined the exclusive rank's of the few major companies whose corporate symbols have become legendary over the years. In addition to the full dimensional statues sculpted by Robert Strom, which appear on each of Western's 600 service trucks, the Little Man statue has several freeway locations which are an impressive 17 feet high and raises a warning finger at the little 4 foot "Menace Mouse" which is an integral part of the trademark. Besides being the sentimental mascot for Western employees, the distinctive Little Man has made it into movies, toured with a rock band, is embroidered on all kinds of wearing apparel and become highly sought after by collectors of advertising memorabilia.



For the Service Center nearest you call **1-800-WEST-EXT (1-800-937-8398)**.  
For the Home Office Human Resources Department call **1-800-698-2440**

# DISCLOSURE & AUTHORIZATION TO OBTAIN INFORMATION

## DISCLOSURE AND RELEASE AUTHORIZATION



For everyone's benefit, this Employer has a policy of pre-employment background screening reports on job applicants as a condition of employment. This policy is a business necessity that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the Fair Credit Reporting Act (FCRA). The screening will be conducted by an outside agency—Background Investigation Services, Inc. As a result, the employer may obtain a Consumer Report and/or an Investigative Consumer Report on you as an applicant during employment.

1. A Consumer Report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the reports may include information concerning my driving records, civil and criminal court records, credit, worker's compensation records, education, credentials, identity, past addresses, social security number, and previous employment and personnel references.
2. A Consumer Report may also include reference checks from former employers or references provided by the applicant. Any reference check is strictly limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigations and a statement of your rights. To receive this information or to inspect any files concerning such a report, you may contact the employer or Background Investigation Services at (310) 212-1280 or at 406 Amapola, Suite 235, Torrance, CA 90501.
3. In using a consumer credit report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and description in writing of the rights of the consumer under this title, as prescribed by the Federal Trade Commissioner section 609(c)(3).
4. California Provisions: In California, any report concerning a consumers character, general reputation, personal characteristics, or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: you have the right to inspect BIS Files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individual shows proper identification and pays for any costs involved; the applicant may be accompanied by one other person who must show proper identification; and trained BIS personnel will explain any of the information in the report and will provide written explanation for any coded information.

**The following must be filled out completely and signed for your application to be considered**

(Please Print Legibly)

California, Minnesota and Oklahoma Applicants Only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  Yes  No

I, \_\_\_\_\_, hereby consent and authorize Employer, and/or BIS on the employer's behalf, to prepare a report as defined above for employment purposes before employment or anytime after employment.

Current Employer: \_\_\_\_\_ I prefer that BIS not contact my current employer.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number      Driver's License Number      Date of Birth      E-mail Address

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

background investigation services, inc.

For the Service Center nearest you call  
**1-800-WEST-EXT (1-800-937-8398)**

For the Human Resources Department call  
**1-800-698-2440**