



# EMPLOYMENT APPLICATION

P.O. Box 1700  
Little Rock, AR 72203

We are an equal opportunity employer. Race, color, religion, sex, and national origin or any other basis protected by statute are not factors in employment, promotion and compensation. The Bug Man, Inc. drug tests and checks your driving record with the Arkansas State Police Department. Signing below authorizes these procedures.

## (PLEASE PRINT)

Position(s) Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How were you referred to our Company?  Agency  Ad  Employee  Job Fair  College Relations

Other \_\_\_\_\_

Do you wish to refer a friend or co-worker?  YES  NO If yes, referral name: \_\_\_\_\_

Position(s): \_\_\_\_\_ Telephone # \_\_\_\_\_

## PERSONAL INFORMATION

Name (First)	(Middle)	(Last)	Home Phone
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Home Address (Street)	Business Phone
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(City)	(State)	(Zip)
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Upon employment, can you submit documents verifying your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	E-Mail
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Are you over age 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth	Social Security
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Marital Status	Names and Birthdates of Children
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT DESIRED

Have you ever applied for employment and/or work for our Company in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when _____	Date you can start?
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Are you currently on layoff or leave from another company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary Requirements:
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Are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
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List applicable skills:

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





**REFERENCES**

Name	Company / Relationship To You	Business Phone	No. Years Known

**EMERGENCY**

*(In case of emergency, please notify:)*

Name	Phone
Address	

**EMPLOYMENT LIMITATIONS**

Can you perform essential functions of the job, as you understand them, without a problem?
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**THE FOLLOWING STATEMENTS ARE PART OF THE APPLICATION.**

**PLEASE READ THEM CAREFULLY AND SIGN BELOW.**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have nothing which, if disclosed, would affect this application unfavorably. I understand that if the Company determines that any of the information is false, the Company may reject my application. I further understand that should the Company offer me a position and it subsequently discovers that any information is false, that my employment will be subject to immediate termination.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I further authorize the Company to contact any other persons suggested by such employers, schools, or references. I agree that this company, my previous employers or any other person I have authorized the Company to contact shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

If I am employed with this Company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

I understand should I be employed by the Company, I will be required, in accordance with the Immigration Reform and Control Act of 1986, to provide, upon my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment.

I hereby acknowledge that I have read and understand the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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