



# Placer Mosquito & Vector Control District

## *Employment Application*

Position Applied for: \_\_\_\_\_

District Use Only

Received On: \_\_\_\_\_

Interviewed On: \_\_\_\_\_

**INSTRUCTIONS:** Answer all questions using dark ink or typewriter only. Attach additional information, if desired, to continue your employment history or to describe in greater detail any aspects of your experience or activities that are particularly appropriate for the position for which you are applying. Any false or misleading statements knowingly made by you in this application will result in the forfeiture of all rights to employment in the service of the Placer Mosquito & Vector Control District. **If hired, a physical examination will be required.**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

4. Do you possess a valid California driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

License #: \_\_\_\_\_ Expires: \_\_\_\_\_

5. Can you, after employment, submit verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you ever served in the military service of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ Which Branch? \_\_\_\_\_

7. Can you perform the functions of this job (essential and / or marginal), with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain (A yes answer does not automatically disqualify applicant.): \_\_\_\_\_

9. List areas of special interest or abilities: \_\_\_\_\_

10. Education: Circle highest school grade completed: 6 7 8 9 10 11 12  
 Have you graduated from high school: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, do you have a GED Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

University / College	Course of Study or Major	Minor	Years Completed	Units, Hours, Degrees

11. List apprenticeship, trade, vocational, business school or any other special training you have had. Include type, where acquired, dates, whether completed and any other applicable information: \_\_\_\_\_  
 \_\_\_\_\_

12. List any special skills or experience (e.g. operating machinery, etc.): \_\_\_\_\_  
 \_\_\_\_\_

13. Are you fluent in any language(s) other than English? If so, please specify your languages and abilities:  
 Understand \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

14. Local References: Give names and addresses of persons other than relatives or former employers:

Name	Address	Telephone

15. Probable date available to start employment: \_\_\_\_\_

16. Describe any aspects of your experience or activities that are particularly appropriate for the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

Begin with your present job and list in reverse order. Include self-employment or any periods of unemployment in excess of one month. List any promotions as a separate job.

Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:

I certify that all statements above are correct and complete to the best of my knowledge. I understand that false statements shall be sufficient cause for denial of employment or subsequent dismissal.

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

**Please read carefully, initial each paragraph and sign below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment.

\_\_\_\_\_ I understand that nothing in the application, or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between the District and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the company's designated representation.

Applicant's Name (Please print legibly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_