



PLACER
MOSQUITO
& VECTOR
CONTROL
DISTRICT

Protecting Public Health since 2001

Employment Application

Position:

For Office Use Only
Received:
Interview:

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 selected, a pre-employment drug test will be required.

1. Name:

Date:

2. Mailing Address:

City:

State:

Zip:

3. Home Telephone:

Mobile Telephone:

4. Do you possess a valid California driver's license: Yes No If No, then what State?

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

9. List areas of special interest or abilities:

10. Education: 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:
		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
		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: _____

How did you hear about this job:

Return by email, mail, or fax:
Placer Mosquito and Vector Control District
2021 Opportunity Dr., Roseville, CA 95678
Ph# 916-380-5444 / Fax# 916-380-5455
info@placermosquito.org