APPLICATION FOR EMPLOYMENT

Delta Vector Control District

1737 W. Houston Ave – P.O. Box 310 Visalia, Ca. 93279 / 559-732-8606

Please print clearly, fill out form completely, sign and date.

| Last Name | First | | | Middle | | | |
|--|--|---------------------------|------------|--------------------------|--------------------|----|--|
| | | | | | | | |
| Street Address | | | Но | ome Phone | | | |
| City, Sate, Zip | | | M | essage Phone | | | |
| Position Desired | | | So | ocial Security | | | |
| When will you be avail | Do you have a valid CA. driver's license? YES NO | | | | | | |
| What type of employm | Are you of the legal age to work? YES NO | | | | | | |
| Were you ever discharg | Are you legally eligible for employment in the USA? YES NO | | | | | | |
| Do you have any physical conditions which may limit your ability to perform the job applied for? | | | | | YES | NO | |
| Indicate any special qu | alifications or skills. | | | | | | |
| | EDUC | CATION | | | | | |
| School | Name & Location of school | Courses Studied | | Did you Graduate? y/n | List y/n Degree | | |
| Elementary | | | | | | | |
| High | | | | | | | |
| College | | | | | | | |
| Trade or Business | | | | | | | |
| Giv | REFEI we below the names of three persons not relate | RENCES ed to you, whom yo | ou have kn | own at least one yea | ır. | | |
| Name Address | | Business | | SS | Years Known | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

| Company Name | Telephone |
|---|--|
| A 11 | First 1/Con Mad 11V |
| Address | Employed (State Month and Year) From To |
| Name of Supervisor | |
| Name of Supervisor | |
| State Job Title and Duties | |
| State reason for leaving | |
| | |
| Company Name | Telephone |
| Company Name | Тетерноне |
| Address | Employed (State Month and Year) |
| | From To |
| Name of Supervisor | I |
| | |
| State Job Title and Duties | |
| State reason for leaving | |
| | |
| | |
| Company Name | Telephone |
| | |
| Address | Employed (State Month and Year) From To |
| Name of Supervisor | |
| Name of Supervisor | |
| State Job Title and Duties | |
| | |
| State reason for leaving | |
| | |
| In Case of emergency notify: | |
| | Address Phone |
| Certification: "I certify that the facts contained in this application are tru if employed, false statements on this application shall be grounds for disherein and the references listed above to give you any and all informatio from all liability for any damage that may result from furnishing same to I understand and agree that, if hired, my employment is for no definite p and salary, be terminated at any time without prior notice." | missal. I authorize investigation of all statements contained in they may have, personal or otherwise, and release all parties by you. |