APPLICATION FOR EMPLOYMENT

**Delta Mosquito and Vector Control District**

1737 W. Houston Ave Visalia, Ca. 93291 - Office # 559-732-8606 Please print clearly, form must be filled out completely, be sure to sign and date.

Last Name First Middle

|  |  |
| --- | --- |
| Street Address | Home Phone |
| City, State, Zip | Message Phone |
| Position Desired: | Social Security #: |
| When will you be available for work? | Do you have a valid CA. driver’s license?YES NO |
| What type of employment will you accept?FULL TIME / SEASONAL | Are you of the legal age to work?YES NO |
| Were you ever discharged or forced to resign from any position?YES NOIf yes, explain | 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 qualifications or skills. |

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Name & Location of school | Courses Studied | Did you Graduate? y/n | List Degree |
| Elementary |  |  |  |  |
| High |  |  |  |  |
| College |  |  |  |  |
| Trade or Business |  |  |  |  |

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Business | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT HISTORY**

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

|  |  |
| --- | --- |
| Company Name | Telephone #: |
| Address | Dates Employed (Month and Year) From To |
| Name of Supervisor |  |
| State Job Title and Duties |
| State reason for leaving |

|  |  |
| --- | --- |
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|  |  |
| --- | --- |
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| Name of Supervisor |  |
| State Job Title and Duties |
| State reason for leaving |

In Case of emergency notify Name Address Phone

Certification: “I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.”

DATE: Signed: