

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 NO	Are you legally eligible for employment in the USA? YES NO	
If yes, explain		
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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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: _____