SACRAMENTO-YOLO MOSQUITO & VECTOR CONTROL DISTRICT APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY, FILL OUT FORMS COMPLETLY, SIGN AND DATE

It is our policy to provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

POSITIONS APPLIED FOR: 1.		2		
Name		Date		
Addressstreet	city	state	zip	
Daytime phone number ()	Me	ssage phone numbe	r (
Email Address*:*Required in order to receive recruitmen	t status notifications			
Do you have a valid CA Driver's lice				
Are you over 18 years old? □Yes				
Are you authorized to work in the U		basis ?	′es □ No	
What type of employment will you a			Temporary	
When will you be available for work	?			
Are you willing to work overtime as	required?	les □ No		
Do you presently have any contracted the District? Yes No	d restrictions that wou	ıld affect your empl	oyment with	
Do you need reasonable accommodal If yes, briefly describe or contact our office:				
DO NOT ANSWER THE FOLLO HAVE T Are you able to perform the essentia If not, list the functions that cannot be	HOROUGHLY REAL I functions of the job w	O THE POSITION I	pescription.	·
EDUCATION	NAME & LOCATION OF SCHOOL			DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

WORK HISTORY May we contact your present employer? ~ Yes > No

Most Recent Employer	Address		Telephone	
Pate Started Starting Position				
Date Left Position of		Position or	n Leaving	
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		
Previous Employer	Address			Telephone
Date Started Starting P		Starting Po	osition	
Date Left	Position o		n Leaving	
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		
Previous Employer	Address			Telephone
Date Started		Starting Po	osition	
Date Left	Position c		n Leaving	
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		
Previous Employer	Address			Telephone
Date Started		Starting Po	osition	
Date Left Position or		n Leaving		
Name and Title of Supervisor				
Description of Duties		Reason for Leaving		

In addition to your work history what other experiences, skills or qualifications would especially fit you for work with our company?

REFERENCES: Nam	e persons, not related to v	you, that you have l	known for one year.
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NAME	ADDRESS	PHONE	YRS KNOWN	
Each applicant may be asked to provide additional information beyond that requested on this form in the event of future consideration for employment.				
CERTIFICATION: I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, false statements will be grounds for dismissal. I authorize investigation of all statements and the references listed to give any and all information concerning my suitability for employment, and release all parties				

Date	Applicant's Signature	
Date	Applicant's Signature	

from liability for any damage that may result from furnishing the same. I understand that my employment is for no

definite period, and may be terminated at any time.

How did you hear about the position/District? Please mark all that apply. o District Website o College/University Website o Word of Mouth/In-person o MVCAC Website o Craigslist Ad o Newspaper/Online Ad o AMCA Website o Indeed Ad o Other: