

SACRAMENTO-YOLO MOSQUITO & VECTOR CONTROL DISTRICT APPLICATION FOR EMPLOYMENT

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

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name _____ Date _____

Address _____
street city state zip

Telephone number (____)____-_____ Message Phone (____)____-_____

Email Address:_____

Do you have a valid CA Driver's license? _____

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis ? Yes No

POSITIONS APPLIED FOR

1. _____ 2. _____

What type of employment will you accept? (circle one) Full Time Part-time Temporary

When will you be available for work? _____

Are you willing to work overtime as required? Yes No

Do you presently have any contracted restrictions that would affect your employment with this company? Yes No

Do you need reasonable accommodations to participate in an interview? _____

If yes, briefly describe or contact our office: _____

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU ARE APPLYING FOR A SPECIFIC JOB AND HAVE THOROUGHLY READ THE POSITION DESCRIPTION.

Are you able to perform the essential functions of the job which you are seeking? _____

If not, list the functions that cannot be performed. _____

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
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on 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: Name persons, not related to you, that you have known for one year.

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 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.

Date _____

Applicant's Signature _____