

FRESNO MOSQUITO & VECTOR CONTROL DISTRICT  
 2338 E. MCKINLEY AVENUE  
 FRESNO, CALIFORNIA 93703

TELEPHONE: 559-268-6565

FAX: 559-268-8918

**APPLICATION FOR EMPLOYMENT**

Today's Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

1. Do you have a valid California driver's license?  YES  NO
2. Do you have any physical condition which may limit your ability to perform the job applied for? If yes, what can be done to accommodate your condition?  YES  NO  
 \_\_\_\_\_

3. Are you of legal age to work? *Verification will be required*  YES  NO
4. Are you legally eligible for employment in the U.S.A.? *If yes, proof of eligibility will be required.*  YES  NO
5. Were you ever terminated or forced to resign from any previous employment?  YES  NO

If yes, explain: \_\_\_\_\_

6. EDUCATION: List all schools attended: High School, College, University, Trade, Business, Vocational, Institute, etc.

SCHOOL'S NAME	LOCATION OF SCHOOL	COURSES STUDIED	GRADUATED YES/NO	LIST ANY DEGREES

7. Indicate special qualifications or skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. PRESENT AND FORMER EMPLOYMENT (Provide last 3 Employers):

Company's Name & Address:							
Name of Supervisor:						Phone:	
Job Title:				Job Duties:			
Employed							
From:		To:					
Reason for Leaving:							
Company's Name & Address:							
Name of Supervisor:						Phone:	
Job Title:				Job Duties:			
Employed							
From:		To:					
Reason for Leaving:							
Company's Name & Address:							
Name of Supervisor:						Phone:	
Job Title:				Job Duties:			
Employed							
From:		To:					
Reason for Leaving:							

9. If hired, provide hours available to work:

<i>Example: Mon</i>	Monday	Tuesday	Wednesday	Thursday	Friday
<i>6 a.m. to 5 p.m.</i>					

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

Name	Address	Phone

11. CERTIFICATION: "I declare under penalties of perjury that the information contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application will be grounds for dismissal. I authorize the Fresno Mosquito and Vector Control District to investigate all statements contained herein, as well as references, work record, education and other matters related to my suitability for employment. I further authorize the references and prior employers I have listed above to disclose to the Fresno Mosquito and Vector Control District any and all information they may have, personal or otherwise. I release and hold harmless all listed parties from all liability for any damage that may result from such investigation or disclosures."

I understand and agree that, if hired, my employment is "at will" and is for no definite or determinable period and may be terminated at any time without prior notice and with or without cause at the option of the employer."

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

<b>Office Use Only:</b>	
Date Interviewed:	Interviewed by: _____
Date Job Offered:	Position Offered: _____
Date of Hire:	Pay Rate: \$ _____