

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: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATIVE PHONE: \_\_\_\_\_

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 physical limitation?  YES  NO \_\_\_\_\_

3. Are you of the legal age to work? *Proof of eligibility to work will be required if you are under 18 years of age.*  YES  NO
4. Are you legally eligible for employment in the U.S.A.? *If yes, verification will be required.*  YES  NO
5. Were you ever discharged or forced to resign from any employment?  YES  NO

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

6. Have you ever served in the Armed Forces of the United States?  YES  NO
- If yes, state branch, years, and disposition: \_\_\_\_\_

7. EDUCATION: List all schools attended: High School, College, University, Trade, Business, Vocational, Institute, and others

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

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

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

Company's Name & Address:					
Name of Supervisor:				Phone:	
Job Title:			Job Duties:		
Employed			Pay Rate:	\$	
From:	To:			Per: <i>Circle one</i>	
			Hourly	Monthly	Annually
Reason for Leaving:					
Company's Name & Address:					
Name of Supervisor:				Phone:	
Job Title:			Job Duties:		
Employed			Pay Rate:	\$	
From:	To:			Per: <i>Circle one</i>	
			Hourly	Monthly	Annually
Reason for Leaving:					
Company's Name & Address:					
Name of Supervisor:				Phone:	
Job Title:			Job Duties:		
Employed			Pay Rate:	\$	
From:	To:			Per: <i>Circle one</i>	
			Hourly	Monthly	Annually
Reason for Leaving:					

10. If hired, provide hours available to work:

<i>Example: Mon</i>	Monday	Tuesday	Wednesday	Thursday	Friday
<i>7 a.m. to 4 p.m.</i>					

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

Name	Address	Phone

12. **CERTIFICATION:** "I declare under penalties of perjury 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 will be grounds for dismissal. I authorize 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 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: \$ _____