

Northwest Mosquito and Vector Control District

1966 Compton Ave. Corona, Ca 92881-3318
Telephone: (951) 340-9792 FAX: (951)340-2515

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Completion of an employment application is part of the examination process for all jobs. A separate and complete application must be filled out for each position for which you are applying. All requested information must be furnished on the application itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important that you answer all questions on your application fully and accurately. Failure to do so may disqualify you from being considered for the position. You must meet all entrance requirements, including but not limited to the possession of any certificates or licenses required for eligibility at the time of application.

Please Print

Date: _____

Name _____
Last First Middle

Telephone No. (____) _____

Present Address _____
No. Street City State Zip

Permanent Address if different from present address

No. Street City State Zip

Email Address _____

Employment Desired

Position you are applying for: _____

Are you applying for:
Regular full-time work? Yes _____ No _____ Temporary _____ Seasonal _____

If applying for temporary work, during what period of time will you be available?

From _____

In addition to Northwest Mosquito and Vector Control District's normal operational hours, at times you may be required to work overtime including weekends. If asked, will you work overtime?..... Yes _____ No _____

Northwest Mosquito and Vector Control District

Personal Information

Would you be available to work overtime upon an immediate notice?..... Yes ____ No ____

If hired, on what date can you start work? _____

Have you ever applied to or worked for the District..... Yes ____ No ____
If yes, when? _____

Do you have any friends or relatives working for the District..... Yes ____ No ____
If yes, state name(s) _____

Why are you applying for work at the District?

If driving is a part of the duties for the position you are applying for, do you have a valid California driver's license?..... Yes ____ No ____
(For some positions possession of an appropriate valid California driver's license and driving record which is acceptable to the District's insurer is essential.)

If hired, would you have a reliable means of transportation to and from work? Yes ____ No ____

Are you at least 18 years old?..... Yes ____ No ____
(If under 18, hire is subject to verification that you are of minimum legal age.)

Are you able to perform the essential functions of the position applied for with or without reasonable accommodation?Yes ____ No ____

If a reasonable accommodation is requested in order to complete the hiring and interview process please specify:

(All offers of employment may be contingent upon the applicant's passing a job related pre-employment medical examination, drug and alcohol screening program and/or demonstration of the applicant's ability to perform the essential function of the job.)

Northwest Mosquito and Vector Control District

Education, Training and Experience

School	Name and Address	No.of years Completed	Did you Graduate?	Degree or Diploma
High School			Yes _____ No _____	
College/ University			Yes _____ No _____	
Vocational/ Business			Yes _____ No _____	
=====				

Do you have any other job related experience, training, qualifications or skills which you feel make you especially suited for work at the District? If so, please explain.

Are you licensed/certified for the job applied for?..... Yes ___ No ___

Name of license/certification _____

Issuing state _____

License/certification number _____

Has your license/certification ever been revoked or suspended?..... Yes ___ No ___

If yes, state reason(s), date of revocation or suspension and date of reinstatement _____

Northwest Mosquito and Vector Control District

Employment History

List below all present and past employment starting with your most recent employer (last 4 employers) and explain any gaps in employment

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's _____
Name

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

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Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's _____
Name

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

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Northwest Mosquito and Vector Control District

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No.(_____) _____ Your Supervisor's _____
Name

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

=====

Name of Employer _____

Address _____

No. Street City State Zip

Type of Business _____

Telephone No.(_____) _____ Your Supervisor's _____
Name

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

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Northwest Mosquito and Vector Control District

I agree, that if hired, I shall conform to the rules and regulations of the District and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the District at any time, at the District's sole option and without any prior notice to me. Such rules and regulations may include, but are by no means limited to, those that may require mandatory overtime, shift work, rotating work schedules, weekend and night work, and other conditions that may not necessarily meet with my individual preference.

In applying for employment with the District, I understand and agree that, if hired, my employment would not be for a definite term or period of time and, thus, is at-will. I understand that under this at-will employment status, I may be terminated at any time, without any obligation, whatsoever, on the District's part to provide cause or justification, and that no one except the District Manager, in writing, is authorized to make contrary promises. Finally, I understand that any offer of employment will be conditioned on, among other things, my signing a written agreement acknowledging that my employment is at-will.

I further agree that, among other things, my employment if offered, may be subject to a physical examination, including drug and alcohol screening tests, by a physician and laboratory of the District's choosing in order to determine if I am physically and otherwise fit to perform the duties for which I am being considered for employment with or without reasonable accommodation. I hereby agree that the results of these physical examinations and tests shall be released to representatives of the District.

Satisfactory proof of identity and authorization to work in the United States is also required as a condition of any offered employment.

I hereby agree with and consent to all of the foregoing in consideration of the District considering me for employment.

Date_____ Applicant's Signature_____

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FOR OFFICE USE ONLY

Rejected for interview:_____ Any Comments:_____

Accepted for interview:_____

Rejected for hiring:_____

Recommended for hiring:_____

Supervisor

Hired on:_____

District Manager Date