

Sutter-Yuba Mosquito & Vector Control District

An Equal Opportunity Employer

Employment Application

Please Print

Date _____

Name _____
Last First Middle

Telephone Number (____) _____

Present Address _____
No. Street City State Zip

Permanent Address if different from present address

Employment Desired

Are you applying for:

- Regular full-time work?.....Yes ___ No ___
- Regular part-time work?.....Yes ___ No ___
- Temporary work, e.g., summer or holiday work?.....Yes ___ No ___

What days and hours are you available for work? _____

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

Are you available for work on weekends?.....Yes ___ No ___

Would you be available to work overtime, if necessary.....Yes ___ No ___

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

Salary desired: _____

Personal Information

Have you ever applied to or worked for Sutter-Yuba MVCD before.....Yes ___ No ___
If yes, when? _____

Do you have any friends or relatives working for Sutter-Yuba MVCD?Yes ___ No ___
If yes, state name(s) and relationship _____

Why are you applying for work at Sutter-Yuba MVCD?

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

Are you at least 18 years old?.....Yes ___ No ___

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to
live and work in the country?.....Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying with
or without accommodations?.....Yes ___ No ___

If no, describe the functions that cannot be performed.

Are you able to perform all other duties of the job for which you are applying with or
without accommodations?Yes ___ No ___

If no, describe the duties and functions you cannot perform.

(Note: Hire may be subject to passing a physical examination, and to skill and agility
tests.)

Education, Training and Experience

School	Name & Address	No.Yrs. Completed	Did You Graduate	Degree or Diploma
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	
Health Care			Yes ___ No ___	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Sutter-Yuba MVCD? If so, please explain

Answer the Following Questions if you are Applying for a Professional Position

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 suspendedYes ___ No ___

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

Employment History

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Start with your most recent employer. Include all gaps in employment. Include other employers on the back or on attached pages if more space is needed.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Supervisors Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reasoning for Leaving:

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Supervisors Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reasoning for Leaving:

Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Supervisors Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reasoning for Leaving:

Name of Employer _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Supervisors Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reasoning for Leaving:

Military Service

Have you obtained any special skills or abilities as the result of service in the military?
Yes ___ No ___

If so, describe:

References

List below three persons who have first-hand knowledge of your work performance within the last three years.

Name _____

Address _____

No. Street City State Zip

Occupation _____

Telephone No. (____) _____ No. Yrs. Acquainted _____

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Name _____

Address _____

No. Street City State Zip

Occupation _____

Telephone No. (____) _____ No. Yrs. Acquainted _____

-

Name _____

Address _____

No. Street City State Zip

Occupation _____

Telephone No. (____) _____ No. Yrs. Acquainted _____

Please Read and Sign Below. This application is not complete until signed and all statements below have been read and initialed.

Applicant Certification, Authorizations and Understandings

Initial: ____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial: ____ I hereby authorize Sutter-Yuba Mosquito & Vector Control District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation.

Initial: ____ I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____ Applicant's Signature _____