

Employment Application

Contra Costa Mosquito & Vector Control District
155 Mason Circle, Concord, CA 94520
(925) 685-9301 Fax: (925) 685-0266

Please Print

Date: _____

Name: _____
Last First Middle

Business Telephone (____) _____ Home Telephone (____) _____

Present Address: _____
No. Street City State Zip

Permanent Address if different from present address:

_____ No. Street City State Zip

Employment Desired

Position applying for: _____

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?

From _____

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: _____ /MONTH or _____ /HOUR

Personal Information

Have you ever applied to or worked for this District before? Yes___ No___

If yes, when? _____

Do you have any friends or relatives working for this District? Yes___ No___

If yes, state name(s) and relationship _____

Why are you applying for work at this District? _____

Are you at least 18 years old? Yes___ No___
(if under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal
right to live and work in this country? Yes___ No___

Are you able to perform the essential functions of the job for which you are applying? Yes___ No___
(SEE ATTACHED JOB DESCRIPTION)

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes___ No___
(SEE ATTACHED JOB DESCRIPTION)

If no, describe the functions that cannot be performed. _____

_____ (Note: Hire will be subject to passing a medical examination.)

Have you ever been convicted of a criminal offense (felony)? Yes___ No___

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

Are you currently employed? Yes___ No___

If so, may we contact your current employer? Yes___ No___

Education, Training and Experience

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

Many members of the public do not speak English. Do you speak, write or understand any foreign languages? Yes ___ No ___

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this 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 _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. PRESENT OR MOST RECENT:

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 _____

Salary/Pay: Starting _____ Ending _____

Reason for Leaving _____

2. 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 _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

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3. 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 _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

4. 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 _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving _____

Note: Attach additional page(s) if necessary.

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 not related to you who have knowledge of your work performance within the last three years.

Name _____
Address _____
 No. Street City State Zip
Occupation _____
Telephone No. (____) _____ Number of Years Acquainted _____

Name _____
Address _____
 No. Street City State Zip
Occupation _____
Telephone No. (____) _____ Number of Years Acquainted _____

Name _____
Address _____
 No. Street City State Zip
Occupation _____
Telephone No. (____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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 any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed.

_____ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I authorize the employers, schools and persons named in this application to provide any information regarding my qualifications and character.

_____ I understand that nothing in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representation.

_____ If an offer of employment is made, I agree to undergo a physical examination by the District appointed physician and fully understand that employment is contingent upon meeting the District's physical requirements.

Date _____ Applicant's Signature _____