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Protecting Public Health Since 1927

Employment Application *An Equal Opportunity Employer*

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: _____ To: _____

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? _____

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.)

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, either with or without reasonable accommodation?.. . . . 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. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?(Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed).. Yes ___ No ___

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

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered.)

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	_____	_____	Yes___ No___	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			
College/ University	_____	_____	Yes___ No___	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			
College/ University	_____	_____	Yes___ No___	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			
Vocational/ Business	_____	_____	Yes___ No___	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			
Health Care Training	_____	_____	Yes___ No___	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			

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

Education, Training and Experience Continued

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 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.

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 _____

May we contact this employer for a reference?..... Yes ___ No ___

Employment History Continued

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 _____

May we contact this employer for a reference? Yes ___ No ___

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 _____

May we contact this employer for a reference? Yes ___ No ___

Employment History Continued

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 _____

May we contact this employer for a reference? Yes ___ No ___

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 _____

May we contact this employer for a reference? Yes ___ No ___

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
Initials 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.

_____ I hereby authorize *Contra Costa & Mosquito & Vector Control District* to thoroughly
Initials investigate my references, work record, education and other matters related to my suitability for
employment and, further, authorize the references I have listed to disclose to the District 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 District, 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 or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials 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 may be terminated at any time, with or without prior notice, at the
option of either myself or the District, 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
representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the
District, I am entitled to copies of any such public records obtained by the District unless I mark the
check box below. If I am not hired as a result of such information, I am entitled to a copy of any such
records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature