

APPLICATION FOR EMPLOYMENT

WEST VALLEY MOSQUITO AND VECTOR CONTROL DISTRICT
1295 E. LOCUST ST., ONTARIO, CA 91761
OFFICE 909-635-0307 FAX 909-635-0405

PLEASE PRINT CLEARLY, FILL OUT FORM COMPLETELY, SIGN AND DATE

Name: _____ Date: _____
Last First Middle

Address: _____

Home Phone: _____ Alternative Phone: _____

Soc. Security No.: _____ Do you have a valid CA Driver's License? _____

Are you of the legal age to work? _____ Have you been convicted of a crime? _____
(proof required if hired) (If so, explain on a separate sheet of paper)

Are you legally eligible for employment in the U.S.A.? _____
(proof required if hired)

What type of employment will you accept? Full-time _____ Part-time _____ Temporary _____

When will you be available for work? _____

For which position are you applying? _____

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU ARE APPLYING FOR A SPECIFIC JOB AND HAVE THOROUGHLY READ THE POSITION DESCRIPTION.

Are you able to perform the essential functions of the job for which you are applying? _____

EDUCATION	SCHOOL NAME & LOCATION	MAJOR	DEGREE	GRADUATE?
High School				
College				
Trade or Business School				

Use additional paper if necessary.

FORMER EMPLOYERS – Please explain any gaps on a separate sheet of paper.		
List past employers, most recent first.	1. Job Title 2. Duties	1. Company Name 2. Company Address 3. Phone Number 4. Supervisor 5. Reason for Leaving
From: _____ To: _____ Hrs. Per Week _____ Monthly Wages: _____	1. _____ 2. _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
From: _____ To: _____ Hrs. Per Week _____ Monthly Wages: _____	1. _____ 2. _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
From: _____ To: _____ Hrs. Per Week _____ Monthly Wages: _____	1. _____ 2. _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

REFERENCES – Name people, not related to you, that you have known for at least one year.			
Name	Address	Phone	Yrs. Known

Each applicant may be asked to provide additional information beyond that requested on this form in the event of future consideration for employment.

CERTIFICATION: I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, false statements will be grounds for dismissal. I authorize investigation of all statements and the references listed to give any and all information concerning my suitability for employment, and release all parties from liability for any damage that may result from furnishing same. I understand that my employment is for no definite period, and may be terminated at any time.

Date: _____ Signature: _____

Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become a part of your personnel record if you are hired by this District.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is *voluntary*, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

To be completed by employer:

EEO-1 Category: 1. Officials and Managers 6. Crafts – skilled
 2. Professionals 7. Operatives – semi-skilled
 3. Technicians 8. Laborers – unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name: _____ Date: _____