

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: _____

Email: _____ Do you have a valid CA Driver's License? YES
NO

Are you at least 18 years of age? YES NO
(proof required if hired)

Are you legally authorized for employment in the United States of America.? YES NO
(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, with or without reasonable accommodations, to perform the essential functions of the job for which you are applying? YES NO

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 _____	1. _____ 2. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
From: _____ To: _____ Hrs. Per Week _____	1. _____ 2. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
From: _____ To: _____ Hrs. Per Week _____	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 or omitted statements may result in disciplinary action, including and up to termination. 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 the same. I understand that nothing contained in the application, or conveyed during any stage of the hiring process, 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 subject to the District's Personnel Rules and Procedures, 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 myself and the District's Manager.

Date: _____ Signature: _____

Extra Page for Further Explanation: