

NAPA COUNTY MOSQUITO ABATEMENT DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

INSTRUCTIONS

1. Please **handwrite** entire form legibly
2. Attach additional sheets if more space is needed.
3. Return to:
Napa County Mosquito
Abatement District
P.O. Box 10053
American Canyon, CA 94503
(707) 553-9610

Position Applied For _____

Date _____ Social Security Number _____

Name _____
Last First Middle

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Other Phone (specify) _____

When would you be available for work? _____

How did you hear about this position? _____

List three business references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Name _____ Relationship _____ Company _____
Work Phone _____ Address _____

2. Name _____ Relationship _____ Company _____
Work Phone _____ Address _____

3. Name _____ Relationship _____ Company _____
Work Phone _____ Address _____

Napa County Mosquito Abatement District is committed to a policy of equal employment opportunity for its job applicants and employees. Employment decisions will comply with all applicable laws prohibiting discrimination in employment based on race, religion, color, national origin, physical or mental disability, medical condition, sex, marital status or age, or on any other basis prohibited by state, federal, and other applicable laws.

Disabled applicants may request accommodation to enable them to complete the application.

All offers of employment are contingent upon successful completion of a physical examination (including drug and alcohol testing), background investigation, and verification of references provided.

Employment History

Begin with your most recent employer. Go back at least 5 years or 3 employers, whichever is longer. Include periods of unpaid or volunteer work.

Employer _____ From _____ To _____
(mo/yr) (mo/yr)

Address _____

Phone _____

Position _____

Kind of business and nature of your position _____

Immediate supervisor's name _____ Title _____

Reason for leaving _____ May we contact? Yes No

Employer _____ From _____ To _____
(mo/yr) (mo/yr)

Address _____

Phone _____

Position _____

Kind of business and nature of your position _____

Immediate supervisor's name _____ Title _____

Reason for leaving _____ May we contact? Yes No

Employer _____ From _____ To _____
(mo/yr) (mo/yr)

Address _____

Phone _____

Position _____

Kind of business and nature of your position _____

Immediate supervisor's name _____ Title _____

Reason for leaving _____ May we contact? Yes No

Verification

If you indicated that we not contact your previous or current employers, please identify the employer and state why.

Education Record

High School _____ Highest grade completed 9 10 11 12

Address _____ Did you graduate? Yes _____ No _____

Degree or diploma received _____

College or University _____ Years completed 1 2 3 4

Address _____

Degree or diploma received _____

Other school _____ Years completed 1 2 3 4 _____
Address _____

Degree or diploma received _____

Other training relevant to the position for which you are applying _____

Additional Qualifications

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position for which you have applied?

Publications, Awards, etc: _____

Military: Branch of service _____ Rank at discharge: _____

List duties in the service, including schools and training: _____

Other Data

Are you 18 or over? Yes ___ No ___

If employed, can you show proof of age? Yes ___ No ___

Are you legally eligible to work in this country? Yes ___ No ___

Are you willing to relocate if transferred or promoted? Yes ___ No ___

Are there any hours, shifts or days you cannot or will not work? Yes ___ No ___

Have you ever been employed under another name? If yes, state name. Yes ___ No ___

Have you ever been discharged or suspended from a job? If yes, explain. Yes ___ No ___

Have you applied for work at Napa County Mosquito Abatement District within the last 12 months? If yes, identify the application date, and position. Yes ___ No ___

Have you ever been employed by Napa County Mosquito Abatement District? If yes, identify the employment dates, position, and reason for leaving. Yes ___ No ___

Do you have any relatives presently working for Napa County Mosquito Abatement District? If yes, state their name(s), their relation to you. Yes ___ No ___

Driver's License (complete only if driving is a requirement of the job for which you are applying)

Do you have a current valid driver's license? Yes ___ No ___

License # _____ Class _____ State Issued _____

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.

Acknowledgement/Authorization

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify 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 immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Napa County Mosquito Abatement District (Napa MAD) to thoroughly examine 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 Napa MAD 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 Napa MAD, my former employers and all other persons, corporation, 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 and agree that if hired, my employment with Napa MAD may be terminated at will, at any time, with or without cause, and with or without notice, at the option of either myself or the Napa MAD. No representative of Napa MAD, other than the Board of Trustees has any authority to agree to the contrary. Further, the Board of Trustees may not alter the at-will nature of the employment unless done so specifically in a written agreement signed by me and the Board of Trustees.

Date: _____

_____ Please Print First and Last Name

_____ Applicant's Signature