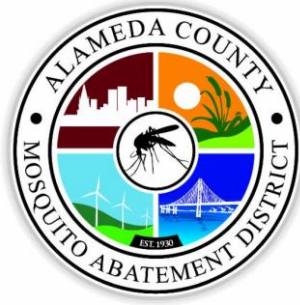


Application for Employment



Return to:
Alameda County Mosquito Abatement District
23187 Connecticut St Hayward, CA 94545
(510) 783-7744
acmad@mosquitoes.org

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position desired: _____ **Application Date:** _____

Name: _____
Last First Middle

Present address: _____ **Years lived here** ____
Number and Street City State Zip

Previous address: _____ **Years lived there** ____
Number and Street City State Zip

Phone number(s): _____

Email address: _____

Education

	Name/City/State	Years Completed	Diploma/Degree	Course of Study	Describe specialized training, skills, experience, and related curricular activities
High School		9 10 11 12			
College/University (use "other" row below for additional schools)		1 2 3 4			
Graduate		1 2 3 4			
Trade					
Other					

Record of Previous Employment

Please list the names of your present and/or previous employers in chronological order with **present or last employer listed first**. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give business name and supply 3 business references. Add additional pages if necessary.

Present or last employer

Employer name: _____ Last Supervisor: _____

Address: _____ Phone: _____
Number and Street City State Zip

Job title: _____ Employed from _____ to _____
mo/yr mo/yr

Job duties performed: _____

Reason for leaving: _____

Previous employer

Employer name: _____ Last Supervisor: _____

Address: _____ Phone: _____
Number and Street City State Zip

Job title: _____ Employed from _____ to _____
mo/yr mo/yr

Job duties performed: _____

Reason for leaving: _____

Previous employer

Employer name: _____ Last Supervisor: _____

Address: _____ Phone: _____
Number and Street City State Zip

Job title: _____ Employed from _____ to _____
mo/yr mo/yr

Job duties performed: _____

Reason for leaving: _____

Have you ever been terminated or asked to resign from any job? yes no

If yes, please give date(s), details:

Please explain any gaps in your employment history:

May we contact your current employer? yes no If not, please explain:

Please indicate any experience, special training and/or qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? yes no If yes, please list.

If hired, can you furnish proof that you are over 18 years of age? yes no

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying with or without accommodation? yes no

Do you have transportation to and from work? yes no

Please list foreign languages you can read, write or speak fluently.

Licenses and References

Driver License

Do you possess a valid California Drivers License? yes no

Number	State	Class	Expiration Date	Special Endorsements or Certifications

Dependent on position applying for, your driving record may be checked with the Department of Motor Vehicles prior to employment.

Professional or Occupational Licenses or Certificates

List other relevant licenses or certificates (include type, description, issuing agency, etc.)

References

Please list persons who know you well, excluding relatives and prior supervisors.

Name _____ Phone _____

Email Address _____

Address _____

Title _____

Name _____ Phone _____

Email Address _____

Address _____

Title _____

Name _____ Phone _____

Email Address _____

Address _____

Title _____

Applicant's Statement

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment application, and in any interview is true and complete to the best of my knowledge. I understand that if I am employed and any information provided to the District is found to be false or incomplete in any respect, I may be dismissed.

I understand and acknowledge that the District reserves the right to require me to take tests as part of the recruitment process. Additionally, I acknowledge that previous and/or current employers will be contacted as part of the recruitment process.

I acknowledge any offer of employment is contingent upon the passing of a pre-employment physical. Failure to submit to these tests, absent prior arrangement with the District and the physician performing the physical examination, will result in denial of the application for employment.

If hired, I acknowledge that, as a public employee, the terms and conditions of my employment are governed by statute and I acknowledge that I shall have no right to continued employment, except as provided by law.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT'S STATEMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE APPLICANT'S STATEMENT.

Applicant's Signature _____ Date _____

Print Name _____