

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 firm name and supply 3 business references. Add additional pages if necessary.

Present or last employer

Employer name: _____ Last Supervisor: _____

Address: _____ Employed from _____ to _____
street and number city state zip mo/yr mo/yr

Phone: _____ Job title: _____ Pay/Salary _____ to _____
start final

Job duties performed: _____ Exact reason for leaving: _____

Previous employer

Employer name: _____ Last Supervisor: _____

Address: _____ Employed from _____ to _____
street and number city state zip mo/yr mo/yr

Phone: _____ Job title: _____ Pay/Salary _____ to _____
start final

Job duties performed: _____ Exact reason for leaving: _____

Previous employer

Employer name: _____ Last Supervisor: _____

Address: _____ Employed from _____ to _____
street and number city state zip mo/yr mo/yr

Phone: _____ Job title: _____ Pay/Salary _____ to _____
start final

Job duties performed: _____ Exact 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 fully any gaps in your employment history:

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

Please indicate any actual 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 Is any additional information (relative to change of name, use of an assumed name, or nickname) necessary to enable a check on your work and educational record? If yes, please explain:

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

If hired, can you furnish proof that your COVID-19 vaccine is complete and current? yes no

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? yes no

Do you have adequate transportation to and from work? yes no

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

Licenses, References

Drivers License

Number	State	Class	Expiry Date	Special Endorsements or Certifications

Your driving record will 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, but not relatives or previous employers.

Name _____ Phone _____

Address _____

Title _____

Name _____ Phone _____

Address _____

Title _____

Name _____ Phone _____

Address _____

Title _____

Other Qualifications

Summarize special job-related skills and qualifications acquired through employment or other experience

Applicant's Statement & Agreement

In the event I am hired for employment with the Alameda County Mosquito Abatement District (District), I will comply with all rules and regulations of this District. I understand that the District reserves the right to require me to submit to a test for the presence of drugs in my system, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the District. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I further understand that the District may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right .

I further understand that the District may contact my previous employers. I authorize those employers to disclose to the District all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the District, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the District with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. 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.

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

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

If you have any questions regarding this statement, please ask a District representative before signing.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

Sign your full name _____ Date _____

Print your full name _____

Address _____

Phone _____