

| Employment Application | District Use Only |
|------------------------|-------------------|
| | Received On: |
| Position Applied for: | Interviewed On: |

Shasta MVCD is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

INSTRUCTIONS: Answer all questions using dark ink, or typewriter. Attach additional information, if desired, to continue your employment history or to describe in greater detail any aspects of your experience or activities that are particularly appropriate for the position for which you are applying. Any false or misleading statements knowingly made by you in this application will result in the forfeiture of all rights to employment in the service of the Shasta Mosquito & Vector Control District. **If hired, a physical examination & a background check will be required.**

| 1. Name: | _ Email: | Date: |
|---|--|-------------|
| 2. Street Address: | City: | State: Zip: |
| 3. Telephone: or | | |
| 4. Do you possess a valid California driver's license | :: Yes No | |
| License #: | Expires: | |
| 5. Can you, after employment, submit verification of | f your legal right to work in the U.S.? Yes_ | No |
| 6. Have you ever served in the military service of the | e U.S.? Yes No Which Branch | n? |
| 7. Can you perform the functions of this job (essenti accommodation? Yes No | ÷ , | nable |
| 8. List areas of special interest or abilities: | | |
| 9. Education: Circle highest school grade complet | ted: 6 7 8 9 10 11 12 | |
| Have you graduated from high school: Yes _ | No | |
| If No, do you have a GED Certifica | ate? Yes No | |

| University / College | Study or Major | Minor | Years Completed | Units, Hours, Degree |
|--|----------------------------|--------------------|---------------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| 10. List apprenticeship, trade, vocationa acquired, dates, whether completed an | | | | |
| List any special skills or experience | (e.g. operating machin | ery, etc.): | | |
| 2. Are you fluent in any language(s) of | ther than English? If so | , please specify | your languages and abi | ilities: |
| InderstandSp | eak | Write | Read | |
| 13. Local References: Give names and | • | | ves or former employers | |
| Name | Addı | ess | | Telephone |
| | | | | |
| | | | | |
| 14. Probable date available to start em | ployment: | | | |
| 15. Describe any aspects of your exper | ience or activities that a | are particularly a | ppropriate for the positi | on for |
| which you are applying: | | | | |
| Begin with your present job and unemployment in excess of one | list in reverse orde | r. Include self | -employment or an | |
| May we contact your | present employer | ? Yes | No | |

| Dates Employed: | Job Title: | Name of Employer: | | |
|--|--------------------------|------------------------|--|--|
| From: | Duties/Responsibilities: | Address: | | |
| | | Phone: | | |
| То: | | Supervisor Name/Title: | | |
| | | Reason For Leaving: | | |
| Dates Employed: | Job Title: | Name of Employer: | | |
| From: | Duties/Responsibilities: | Address: | | |
| | | Phone: | | |
| То: | | Supervisor Name/Title: | | |
| | | Reason For Leaving: | | |
| Dates Employed: | Job Title: | Name of Employer: | | |
| From: | Duties/Responsibilities: | Address: | | |
| | | Phone: | | |
| То: | | Supervisor Name/Title: | | |
| | | Reason For Leaving: | | |
| Dates Employed: | Job Title: | Name of Employer: | | |
| From: | Duties/Responsibilities: | Address: | | |
| | | Phone: | | |
| То: | | Supervisor Name/Title: | | |
| | | Reason For Leaving: | | |
| | | | | |
| I certify that all statements above are correct and complete to the best of my knowledge. I understand that false statements shall be sufficient cause for denial of employment or subsequent dismissal. | | | | |
| Signature: | Date: | | | |
| | | | | |

Please read carefully, initial each paragraph and sign below

| I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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 facts on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed. |
|---|
| I hereby authorize the District to thoroughly investigate my background, references, work record, education, and other matters related to my suitability for employment. Any offer of employment will be conditioned upon (i) successfully clearing a post-offer criminal background check, (ii) successfully passing of a post-offer, pre-employment drug test, (iii) successfully passing a post-offer, pre-employment medical exam, and (iv) provision of satisfactory documentation verifying identity and authority to work in the United States in compliance with USCIS Form I-9. |
| I understand that any job offer made to an applicant may be contingent on the applicant's passing a job-related physical examination and taking and passing a drug screen test. |
| I understand that a valid California driver's license will be required and must be maintained throughout employment in this class. Applicant must be insurable with the District's insurance carrier. (Any job offer made to an applicant may be contingent on the applicant's Motor Vehicle Report.) |
| I understand that nothing in the application, or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between the District and me. 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, with or without prior notice, 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 me and the District's designated representation. |
| Applicant's Name (Please print legibly): |
| Applicant's Signature: Date: |
| How did you learn about this job opening (which website)? |