

WEST MILLARD MOSQUITO ABATEMENT DISTRICT EMPLOYMENT APPLICATION

Office use only
Notification of Selection.

Selected _____
Non- Selected _____

Date notified by phone: _____

Date: _____

APPLICATION MUST BE FILLED OUT IN YOUR OWN HANDWRITING

NAME: _____
Last
First
Middle
Social Security Number

ADDRESS: _____
Driver's License No.

City
State
Zip Code
Home Phone / Work Phone

TYPE OF EMPLOYMENT ACCEPTABLE: Evening ULV Operator [] Day Time Field Technician []

DAYS WILLING TO WORK: Sun [] Mon [] Tue [] Wed [] Thu [] Fri [] Sat []

DATE YOU CAN START: _____ **WAGES DESIRED PER HOUR \$** _____

ARE YOU EMPLOYED NOW? Yes [] No [] **IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?** Yes [] No []

LIST ANY TRADE OR PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRATIONS: _____

DRIVING RECORD: List any driving violations incurred during the last five years with an explanation.

REFERENCES: List three persons not related to you whom you have known at least one year.

NAME	PHONE	BUSINESS
1.		
2.		
3.		

Continued Other Side

EDUCATION

HIGH SCHOOL GRADUATE? Yes [] No [] IF NO, HIGHEST YEAR COMPLETED				
College, Business, or Trade Schools Name and City Location	Major or Vocational Subjects	Length of Time	Date Completed	Degree

WORK HISTORY

Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached.	
FIRM NAME	DATES: From: To:
ADDRESS	HOURS WORKED PER WEEK:
JOB TITLE AND DUTIES, MACHINES AND TOOLS USED	

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CERTIFICATION OF APPLICANT

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.	
Signature _____	Date _____