

# APPLICATION FOR EMPLOYMENT

WEST VALLEY MOSQUITO AND VECTOR CONTROL DISTRICT  
1295 E. LOCUST ST., ONTARIO, CA 91761  
OFFICE 909-635-0307 FAX 909-635-0405

PLEASE PRINT CLEARLY, FILL OUT FORM COMPLETELY, SIGN AND DATE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Soc. Security No.: \_\_\_\_\_ Do you have a valid CA Driver's License? \_\_\_\_\_

Are you of the legal age to work? \_\_\_\_\_  
(proof required if hired)

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_  
(proof required if hired)

What type of employment will you accept? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

When will you be available for work? \_\_\_\_\_

For which position are you applying? \_\_\_\_\_

**DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU ARE APPLYING FOR A SPECIFIC JOB AND HAVE THOROUGHLY READ THE POSITION DESCRIPTION.**

Are you able to perform the essential functions of the job for which you are applying? \_\_\_\_\_

EDUCATION	SCHOOL NAME & LOCATION	MAJOR	DEGREE	GRADUATE?
High School				
College				
Trade or Business School				

Use additional paper if necessary.

FORMER EMPLOYERS – Please explain any gaps on a separate sheet of paper.		
List past employers, most recent first.	1. Job Title 2. Duties	1. Company Name 2. Company Address 3. Phone Number 4. Supervisor 5. Reason for Leaving
From: _____ To: _____ Hrs. Per Week _____	1. _____ 2. _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
From: _____ To: _____ Hrs. Per Week _____	1. _____ 2. _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
From: _____ To: _____ Hrs. Per Week _____	1. _____ 2. _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

REFERENCES – Name people, not related to you, that you have known for at least one year.			
Name	Address	Phone	Yrs. Known

Each applicant may be asked to provide additional information beyond that requested on this form in the event of future consideration for employment.

**CERTIFICATION:** I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, false statements will result in my dismissal. I authorize investigation of all statements and the references listed to give any and all information concerning my suitability for employment, and release all parties from liability for any damage that may result from furnishing same. I understand that nothing contained in the application, or conveyed during any interview which may be granted during my employment, if hired, is intended to create an employment contract between me and the District. 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 or cause, 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 myself and the District's Manager.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become a part of your personnel record if you are hired by this District.

Name: \_\_\_\_\_

Sex:        ☐ Male        ☐ Female

Race/Ethnicity:        ☐ American Indian/Alaskan Native  
                              ☐ Asian/Pacific Islander  
                              ☐ Black  
                              ☐ Hispanic  
                              ☐ White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is *voluntary*, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

☐ Vietnam Era Veteran  
☐ Disabled Veteran  
☐ Individual with a Disability

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To be completed by employer:

EEO-1 Category:        ☐ 1. Officials and Managers        ☐ 6. Crafts – skilled  
                              ☐ 2. Professionals                    ☐ 7. Operatives – semi-skilled  
                              ☐ 3. Technicians                    ☐ 8. Laborers – unskilled  
                              ☐ 4. Sales                            ☐ 9. Service workers  
                              ☐ 5. Office and clerical

Employer information completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_