



7759 S. Airport Way
 Stockton, CA 95206
 PHONE: 209-982-4675
 FAX: 209-982-0120
 www.sjmosquito.org

Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of San Joaquin County Mosquito & Vector Control District.

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____ Position(s) applied for: _____

Date of application: _____

Referral Source (Please check the appropriate category and list the source.)

<input type="checkbox"/> Walk-In	<input type="checkbox"/> School
<input type="checkbox"/> Employee	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Staffing Agency
<input type="checkbox"/> District's Website	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Other Internet	<input type="checkbox"/> Other

Best time to call you is..... _____:_____ AM/PM Home Cellular Other

May we contact you at work? YES NO

If yes, work number and best time to call: (____) _____:_____ AM/PM

If you are under 18 and it is required, can you furnish a work permit? YES NO

If no, please explain: _____

Have you submitted an application here before?..... YES NO

If yes, give date(s) and position(s): Date: ____/____/____ Position: _____

Have you ever been employed here before? YES NO

If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended military leave of absence from the District? YES NO If yes, additional information may be requested.

Are you legally eligible for employment in this country? YES NO

Date available to work? ____/____/____

Type of employment desired (check all that applies)? FULL-TIME PART-TIME SEASONAL

Will you travel if job requires it? YES NO

If they have been explained to you, are you able to meet the attendance requirements of the position?

YES NO Has not been explained

Will you work overtime if required? YES NO

If NO, please explain: _____

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These may be addressed at a later stage to the extent permitted by law.*

YES NO Need more information about the job’s “essential functions” to respond

Driver’s license number required if driving may be necessary in job for which you are applying:

Driver’s License #: _____ State: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

<i>Employer:</i>	<i>Phone Number:</i>
<i>Address:</i>	<i>City, State, & Zip:</i>
<i>Job Title:</i>	<i>Supervisor’s Name:</i>
<i>Dates Employed:</i>	<i>Reason for leaving?</i>
<i>Job Responsibilities:</i>	
<i>What did you like most about your position?</i>	<i>What did you like least about your position?</i>
<i>May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later</i>	

<i>Employer:</i>	<i>Phone Number:</i>
<i>Address:</i>	<i>City, State, & Zip:</i>
<i>Job Title:</i>	<i>Supervisor’s Name:</i>
<i>Dates Employed:</i>	<i>Reason for leaving?</i>
<i>Job Responsibilities:</i>	
<i>What did you like most about your position?</i>	<i>What did you like least about your position?</i>
<i>May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later</i>	

<i>Employer:</i>	<i>Phone Number:</i>
<i>Address:</i>	<i>City, State, & Zip:</i>
<i>Job Title:</i>	<i>Supervisor's Name:</i>
<i>Dates Employed:</i>	<i>Reason for leaving?</i>
<i>Job Responsibilities:</i>	
<i>What did you like most about your position?</i>	<i>What did you like least about your position?</i>
<i>May we contact for reference? <input type="checkbox"/>YES <input type="checkbox"/>NO <input type="checkbox"/>Later</i>	

EMPLOYMENT HISTORY *(continued)*

If it applies, explain any gaps in employment, other than those due to personal illness, injury or disability: _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain: _____

SKILLS AND QUALIFICATIONS

List any special training, skills, licenses, and/or certificates that might pertain to the position you're applying for: _____

Computer Skills (*i.e. software programs*): _____

EDUCATIONAL BACKGROUND *(start with most recent)*

School Name	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

REFERENCES

Please list three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Phone Number	Relationship to you?

SOCIAL SECURITY NUMBER

SS#: _____ - _____ - _____

(We will use this number only for employment purposes.)

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong? _____

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers? YES NO Not Applicable

If yes, please explain: _____

Is there any additional information related to the job you want us to know about you? _____

APPLICATION STATEMENT

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I hereby authorize, without reservation, the employer and its employees to contact and obtain information from all references given to verify the accuracy of the information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer and its employees for seeking, gathering, and using truthful non-defamatory information, in a lawful manner, in the employment process and other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state and federal law.

This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the District's Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This District does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This District likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single –out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The District takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____