



DELANO MOSQUITO ABATEMENT DISTRICT

11281 Garzoli Avenue
Delano, CA 93215
Phone: 661.725.3114
Fax: 661.725.3179
DMAD@DelanoMosquito.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applying for: _____

Are you applying for regular full-time work? YES NO Are you available to work on weekends? YES NO

Are you applying for seasonal work? YES NO Will you be available to work overtime, if necessary? YES NO

Personal Information

Have you ever applied or worked for the District before? YES NO If your answer is "YES," when? : _____

Do you have any relative or friends working for the District? YES NO If your answer is "YES," list name(s) and relationship: _____

Do you have a valid CA driver's license? YES NO For Driving Jobs Only: If No, when do you expect to receive one? _____

For Driving Jobs Only: Driver's License Number: _____ Expiration Date: _____

Are you over 18 years old? (If under 18, a work permit is required by state/federal law) YES NO

Are you authorized to work in the United States on an unrestricted basis? YES NO

Do you speak, write, or understand any other languages other than English? YES NO

If "YES," which language(s)?

Are you able to perform the essential functions of the job for which you are applying? YES NO

If your answer is "NO," describe the functions that cannot be performed:

*(Note: The District comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subjected to passing a medical examination and to passing skill and agility tests.)

Are you currently employed? YES NO

If currently employed, may we contact your employer? YES NO

Education, Training and Experience

High School: _____ Address: _____

Number of years completed: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

Number of years completed: _____ Did you graduate? YES NO
 Diploma: _____

Other: _____ Address: _____

Number of years completed: _____ Did you graduate? YES NO
 Diploma: _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at this District? If so, please explain:

Professional Licenses/Certifications

*Name of license / certification: _____

Issuing State: _____

License / certification number: _____

*Name of license / certification: _____

Issuing State: _____

License / certification number: _____ YES NO

Has your licensed / certified ever been revoked or suspended?

If your answer is "YES," state reason(s), date of revocation or suspension and date of reinstatement:

Employment History

Name of Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Start Date: _____ End Date: _____
Responsibilities: _____

Name of Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Start Date: _____ End Date: _____
Responsibilities: _____

Name of Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Start Date: _____ End Date: _____
Responsibilities: _____

References

*Please list three professional references **not** related to you who have knowledge of your work performance.*

Full Name: _____ No. of Years Acquainted: _____
Address: _____ Phone: _____

Full Name: _____ No. of Years Acquainted: _____
Address: _____ Phone: _____

Full Name: _____ No. of Years Acquainted: _____
Address: _____ Phone: _____

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 fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the District, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the District, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or 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, at the option of either myself or the District, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the District's designated representative.

_____ I understand that any offer of employment will be contingent on having and keeping an acceptable Driving Record in the State of California, passing a Physical and Drug Screen as well as a Felony Background Check. *(Note: No applicant will be denied employment solely on the grounds of the conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.)

Applicant's Signature

Date