



3478 Beachwood Drive
P.O. Box 909
Merced, CA 95341
Main: (209) 722-1527
Fax: (209) 722-3051

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security #: _____ Desired Salary: _____
(Required as a condition of employment)

Position Applied For: _____
(Examples: Control Technician, Curbs & Gutters, Lagoons, Seasonal Control Technician)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Diploma: _____

College/
University: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Questionnaire

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|

| | | | | |
|--|------------------------------|-----------------------------|---------------|-------|
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | _____ |
|--|------------------------------|-----------------------------|---------------|-------|

| | | |
|---|------------------------------|-----------------------------|
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

If yes, explain: _____

Is any member of your family employed by the County of Merced? YES ☐ NO ☐ If yes, what department? _____

Do you possess a valid California's Driver's License? YES ☐ NO ☐ License Number: _____ Expiration Date: _____

Are there any hours, shifts, or days you cannot work, or will not work? YES ☐ NO ☐ If yes, please explain. _____

Please indicate the following types of employment you will accept: Full Time ☐ Part Time ☐ Extra Help ☐

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Disclaimer and Signature

My signature certifies that all information on this application is true, including that regarding my education and experience.

I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights of employment by the District. I authorize the District personnel department to make inquiry of any employment herein named, or of any person having information regarding my character and ability.

Signature: _____ Date: _____