

## APPLICATION FOR EMPLOYMENT

**MERCED COUNTY MOSQUITO ABATEMENT DISTRICT**  
 3478 Beachwood Drive  
 P.O. Box 909  
 Merced, CA 95341  
 (209) 722-1527



**INSTRUCTIONS:** 1. PLEASE TYPE OR PRINT IN INK. 2. COMPLETE BOTH SIDES OF THE APPLICATION. 3. KEEP THIS OFFICE INFORMED OF ANY CHANGES IN ADDRESS

NOTE: APPLICATIONS NOT PROPERLY COMPLETED WITH ALL REQUESTED INFORMATION WILL BE SUBJECT TO REJECTION.

<p>NAME _____  <span style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>Initial</span> </span></p> <p>MAILING ADDRESS _____  <span style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>P.O. Box</span> <span>Street Number</span> </span></p> <p>_____  <span style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </span></p> <p>PHONE _____  <span style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Home</span> <span>Business</span> </span></p> <p>NAME AND PHONE NUMBER OF PERSON WHO CAN ALWAYS REACH YOU _____</p> <p>1. SOCIAL SECURITY NUMBER _____          (Required as a condition of employment)</p> <p>2. IF EMPLOYED, CAN YOU FURNISH PROOF OF AGE? _____ YES <input type="checkbox"/> NO <input type="checkbox"/>          (Employment is subject to verification that applicant's age meets legal requirements).</p> <p>3. IS ANY MEMBER OF YOUR FAMILY EMPLOYED BY THE COUNTY? _____ YES <input type="checkbox"/> NO <input type="checkbox"/>          IF YES, WHAT DEPARTMENT? _____</p> <p>4. WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT? _____ YES <input type="checkbox"/> NO <input type="checkbox"/>          (IF YES, EXPLAIN FULLY) _____</p> <p>5. HOW DID YOU LEARN ABOUT THIS POSITION? (POSITION ANNOUNCEMENT, NEWSPAPER AD, COUNTY EMPLOYEE BULLETIN BOARD, STATE EMPLOYMENT OFFICE) _____</p>	<p style="text-align: center; font-size: small;">POSITION APPLIED FOR</p> <p> <input type="checkbox"/> Control Technician           <input type="checkbox"/> Curbs and Gutters           <input type="checkbox"/> Seasonal Control Technician   <input type="checkbox"/> Lagoons           <input type="checkbox"/> Accounts Clerk           <input type="checkbox"/> Other _____       </p> <p>7. DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>License No. _____ Expiration Date _____</p> <p>Proof of a valid California Driver's license may be necessary if employed in positions requiring California Driver's License.</p> <p>8. ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT WORK, OR WILL NOT WORK?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, please explain _____</p> <p>9. PLEASE INDICATE THE FOLLOWING TYPES OF EMPLOYMENT YOU WILL ACCEPT:</p> <p>FULL TIME _____</p> <p>EXTRA HELP _____</p> <p>10. ARE THERE ANY GEOGRAPHICAL AREAS WITHIN MERCED COUNTY IN WHICH YOU WILL NOT ACCEPT EMPLOYMENT?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, please list locations _____</p> <p>11. CITIZENSHIP: Can you, after an offer of employment, submit verification of your legal right to work in the United States?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

14. EDUCATION:  
 Circle the Highest Grade 4 5 6 7 8 9 10 11 12  
 you completed in School

Did you graduate from High School  YES  NO  
 If you did not graduate, do you have a GED Certificate  YES  NO

Name and location of last High School attended \_\_\_\_\_

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE STUDY	COMPLETED		TYPE OF DEGREE	DATE COMPLETED	
		SEMESTER UNITS	QUARTER UNITS		MO	YEAR

BUISNESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOLS \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

LICENSE REGISTRATION NUMBER OF PROFESSIONAL OR VOCATIONAL COMPETENCE \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS \_\_\_\_\_

15. EXPERIENCE: BEGIN WITH YOUR MOST RECENT EXPERIENCE, Give your complete employment record for the last ten years. List any earlier experience of the kind required for this position. Attach additional sheet if needed. Applications not properly completed with ALL requested information will be subject to rejection. Resumes will not be accepted in lieu of completing this portion of the application, but may be included.

**IMPORTANT** Check (✓) boxes if employment gave you specific experience to meet requirements for JOB TITLE on front of this application

PERIOD OF EMPLOYMENT	JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED	NAME AND ADDRESS OF EMPLOYER
<input type="checkbox"/> <p>FROM _____ TO _____            MO / YR MO / YR            TOTAL _____ YR _____ MO            HOURS PER WEEK: _____</p>	<p>TITLE: _____ LAST SALARY: \$ _____            DUTIES: _____</p>	<p>REASON FOR LEAVING: _____</p>
<input type="checkbox"/> <p>FROM _____ TO _____            MO / YR MO / YR            TOTAL _____ YR _____ MO            HOURS PER WEEK: _____</p>	<p>TITLE: _____ LAST SALARY: \$ _____            DUTIES: _____</p>	<p>REASON FOR LEAVING: _____</p>
<input type="checkbox"/> <p>FROM _____ TO _____            MO / YR MO / YR            TOTAL _____ YR _____ MO            HOURS PER WEEK: _____</p>	<p>TITLE: _____ LAST SALARY: \$ _____            DUTIES: _____</p>	<p>REASON FOR LEAVING: _____</p>
<input type="checkbox"/> <p>FROM _____ TO _____            MO / YR MO / YR            TOTAL _____ YR _____ MO            HOURS PER WEEK: _____</p>	<p>TITLE: _____ LAST SALARY: \$ _____            DUTIES: _____</p>	<p>REASON FOR LEAVING: _____</p>
<input type="checkbox"/> <p>FROM _____ TO _____            MO / YR MO / YR            TOTAL _____ YR _____ MO            HOURS PER WEEK: _____</p>	<p>TITLE: _____ LAST SALARY: \$ _____            DUTIES: _____</p>	<p>REASON FOR LEAVING: _____</p>
<input type="checkbox"/> <p>FROM _____ TO _____            MO / YR MO / YR            TOTAL _____ YR _____ MO            HOURS PER WEEK: _____</p>	<p>TITLE: _____ LAST SALARY: \$ _____            DUTIES: _____</p>	<p>REASON FOR LEAVING: _____</p>

READ THIS STATEMENT BEFORE SIGNING:

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 and 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 \_\_\_\_\_

