



**MERCED COUNTY
MOSQUITO ABATEMENT
DISTRICT**

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 NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

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: _____