

Consolidated Mosquito Abatement District
2425 Floral Avenue - PO Box 278 Selma CA 93662
Phone: (559)896-1085
Application for Seasonal Employment

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone # : _____ Alternate # : _____

Do you have a valid California driver license? Yes No

Do you have any physical conditions which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your physical limitation? _____

Are you at least 18 years of age? Yes No If yes, verification will be required

Are you legally eligible for employment in the U.S.A. Yes No If yes, verification will be required.

What date would you be able to start work? _____

Were you ever discharged or forced to resign from any employment or position? Yes No

If yes, explain: _____

Have you ever served in the Armed Forces of the United States? Yes No

If yes, state branch, years and disposition: _____

EDUCATION: List All Schools Attended

Schools	Name & Location of School	Courses Studied	Graduate? Yes / No	List Any Degrees
High School				
College or University				
Trade, Business, or Other				

Indicate Special Qualifications or Skills: _____

Present and Former Employment (Starting with the most recent):

Company Name:	Address:
Phone # :	Employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: \$ _____ per: ___ Hr. ___ Wk. ___ Mo.
Job Duties:	Reason for Leaving:

Company Name:	Address:
Phone # :	Employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: \$ _____ per: ___ Hr. ___ Wk. ___ Mo.
Job Duties:	Reason for Leaving:

Company Name:	Address:
Phone # :	Employed From: _____ To: _____
Name of Supervisor:	Rate of Pay: \$ _____ per: ___ Hr. ___ Wk. ___ Mo.
Job Duties:	Reason for Leaving:

References:

Give the names of three persons, not related to you, whom you have known at least one year.

Name:	Address:	Phone:	Business:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Certification: "I declare under penalties of perjury that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application will be grounds for dismissal. I authorize Consolidated Mosquito Abatement District to investigate all statements contained herein as well as references, work record, education and other matters related to my suitability for employment. I further authorize the references and prior employers I have listed above to disclose to Consolidated Mosquito Abatement District any and all information they may have, personal or otherwise. I release and hold harmless all listed parties from all liability for any damage that may result from such investigation or disclosure."

"I understand and agree that, if hired, my employment is "at will" and is for no definite or determinable period and may be terminated at any time with or without prior notice and with or without cause at the option of the employer."

Applicant's Signature

Date