

APPLICATION FOR EMPLOYMENT

**KINGS MOSQUITO ABATEMENT DISTRICT**

13960 Power Way  
Hanford, Ca. 93230 (559)584-3326

**PLEASE PRINT CLEARLY, FILL OUT FORM COMPLETELY, SIGN AND DATE.**

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Last Name		First		Middle Initial	
Mailing Address				Home Phone	
City, State, Zip				Cell Phone	
Position Desired				Message Phone	
When will you be available for work?		Do you have a valid Ca. Driver's license?		YES	NO
		Are you of the legal age to work?		YES	NO
What type of employment will you accept?			Are you legally eligible for employment in the USA?		
FULL-TIME		SEASONAL	YES	NO	
Do you have any physical condition which may limit you ability to perform the job applied for?				YES	NO
If yes, what can be done to accommodate your physical limitation?					
Indicate special qualifications or skills					

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SCHOOL	NAME & LOCATION OF SCHOOL	COURSES STUDIED	DID YOU GRADUATE?	LIST DEGREE
Elementary				
High				
College				
Trade or Business				

**REFERENCES:**

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

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

### EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1

Company Name	Telephone
Address	Employed (State Month & Year) Start                                      End
Name of Supervisor	
State Job Title & Duties	
Reason for Leaving	

2

Company Name	Telephone
Address	Employed (State Month & Year) Start                                      End
Name of Supervisor	
State Job Title & Duties	
Reason for Leaving	

3

Company Name	Telephone
Address	Employed (State Month & Year) Start                                      End
Name of Supervisor	
State Job Title & Duties	
Reason for Leaving	

**In case of emergency notify:**

Name	address	phone number

CERTIFICATION: "I certify that the facts contained in this application are true & complete to the best of my knowledge & understand that, if employed falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statement contained herein & the references listed above to give you any and all information they may have, personal or otherwise, & release all parties from all liability for any damage that may result from furnishing this information  
I understand & agree that, if hired, my employment is for no definite period & may, regardless of the date of payment of my wages & salary, be terminated at any time without prior notice."

*The District has a policy of requiring a physician's physical fitness exam and possibly a drug test of persons who have been offered employment. Individuals, who are determined by the physician not to be physically fit for duty, will not be employed. Individuals who fail any required controlled substance testing may not be employed. If you have reason to believe that you will not pass such an examination or test, or if you are unwilling to consent to such an examination or test if offered employment, it is recommended that you not submit an application.*

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_