

# NAPA COUNTY MOSQUITO ABATEMENT DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

## INSTRUCTIONS

1. Please **handwrite** entire form legibly
2. Attach additional sheets if more space is needed.
3. Return to:  
Napa County Mosquito  
Abatement District  
P.O. Box 10053  
American Canyon, CA 94503  
(707) 553-9610

Position Applied For \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone (specify) \_\_\_\_\_

When would you be available for work? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

List three business references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Address \_\_\_\_\_

Napa County Mosquito Abatement District is committed to a policy of equal employment opportunity for its job applicants and employees. Employment decisions will comply with all applicable laws prohibiting discrimination in employment based on race, religion, color, national origin, physical or mental disability, medical condition, sex, marital status or age, or on any other basis prohibited by state, federal, and other applicable laws.

Disabled applicants may request accommodation to enable them to complete the application.

If you are made an offer of employment, the offer will be subject to your successful completion of a physical examination (including drug and alcohol testing) and will be subject to all reference and background checks which may include investigative consumer reports.

### Employment History

Begin with your most recent employer. Go back at least 5 years or 3 employers, whichever is longer. Include periods of unpaid or volunteer work.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position \_\_\_\_\_

Kind of business and nature of your position \_\_\_\_\_

Immediate supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? Yes No

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position \_\_\_\_\_

Kind of business and nature of your position \_\_\_\_\_

Immediate supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? Yes No

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Position \_\_\_\_\_

Kind of business and nature of your position \_\_\_\_\_

Immediate supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact? Yes No

**Verification**

If you indicated that we not contact your previous or current employers, please identify the employer and state why.

\_\_\_\_\_

**Education Record**

High School \_\_\_\_\_ Highest grade completed 9 10 11 12  
Address \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Degree or diploma received \_\_\_\_\_

College or University \_\_\_\_\_ Years completed 1 2 3 4  
Address \_\_\_\_\_

Degree or diploma received \_\_\_\_\_

Other school \_\_\_\_\_ Years completed 1 2 3 4 \_\_\_\_\_  
Address \_\_\_\_\_

Degree or diploma received \_\_\_\_\_  
\_\_\_\_\_

Other training relevant to the position for which you are applying \_\_\_\_\_

**Additional Qualifications**

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position for which you have applied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Publications, Awards, etc: \_\_\_\_\_

Military: Branch of service \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Dates of service: \_\_\_\_\_

List duties in the service, including schools and training: \_\_\_\_\_

**Other Data**

Are you 18 or over? Yes \_\_\_ No \_\_\_

If employed, can you show proof of age? Yes \_\_\_ No \_\_\_

If you are made an offer or employment with Napa County Mosquito Abatement District, will you be able to submit verification of your legal right to work in the United States? Yes \_\_\_ No \_\_\_

Are you willing to relocate if transferred or promoted? Yes \_\_\_ No \_\_\_

Are there any hours, shifts or days you cannot or will not work? Yes \_\_\_ No \_\_\_

Have you ever been employed under another name? If yes, state name. Yes \_\_\_ No \_\_\_

Have you ever been discharged or suspended from a job? If yes, explain. Yes \_\_\_ No \_\_\_

Have you applied for work at Napa County Mosquito Abatement District within the last 12 months? If yes, identify the application date, and position. Yes \_\_\_ No \_\_\_

Have you ever been employed by Napa County Mosquito Abatement District? If yes, identify the employment dates, position, and reason for leaving. Yes \_\_\_ No \_\_\_

Do you have any relatives presently working for Napa County Mosquito Abatement District? If yes, state their name(s), their relation to you. Yes \_\_\_ No \_\_\_

**Driver's License (complete only if driving is a requirement of the job for which you are applying)**

Do you have a current valid driver's license? Yes \_\_\_ No \_\_\_

License # \_\_\_\_\_ Class \_\_\_\_\_ State Issued \_\_\_\_\_

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.

**Acknowledgement/Authorization**

---

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the Napa County Mosquito Abatement District (Napa MAD) to thoroughly examine my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Napa MAD any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Napa MAD, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Napa MAD. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Napa MAD, and that no promises or representations contrary to the foregoing are binding on the Napa MAD unless made in writing and signed by me and the Board of Trustees.

Date: \_\_\_\_\_

\_\_\_\_\_  
Please Print First and Last Name

\_\_\_\_\_  
Applicant's Signature