



COACHELLA VALLEY MOSQUITO AND VECTOR CONTROL DISTRICT

EMPLOYMENT APPLICATION

43420 Trader Place
 Indio, CA 92201
 (760) 342-8287

DATE RECEIVED

IMPORTANT: Please read the job announcement to determine whether you meet the qualifications for the position. Failure to complete this form thoroughly (including using "See Resume") could result in rejection of application. Incorrect or false statements and omission of facts may be cause for rejection or dismissal.

POSITION APPLYING FOR:

APPLICANT INFORMATION

Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City		State	ZIP	
Contact Phone	Alternate Phone	Email		
Are you legally eligible to work in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.		
Are you above the minimum working age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you related to any District employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give name and relationship:		
Have you ever worked for the District?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when and in what position?		
Have you ever been dismissed or released from employment or have you ever resigned to avoid discharge? YES <input type="checkbox"/> NO <input type="checkbox"/>	If "YES," explain in detail:			
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>	State: _____ License # _____	Expiration Date		

EDUCATION

High School	City & State	Graduate/ G.E.D.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Title
College	Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Title
College	Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Title

Job related licenses, registrations and certifications	Number	Issuing Body	Year Issued

Fluency in language(s) other than English:

Language: Speaking Reading Writing

Language: Speaking Reading Writing

EXPERIENCE

The following section must be filled out completely. Begin with your most recent job. List all jobs and any periods of unemployment in the last 10 years. Also list jobs prior to the last 10 years, including volunteer work, if the experience helps to qualify you for this position. Include paid or unpaid work, full or part-time, military, summer jobs, etc. Please attach additional sheets if necessary. Individual sections must be fully completed. A resume may be attached, but will not be substituted for completion of this section. ***Do not state, "see resume."***

FROM: Month/Year	TO: Month/Year	JOB TITLE			
EMPLOYER NAME		ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME		PHONE	NO. SUPERVISED	HOURS PER WEEK	
DUTIES PERFORMED:					
REASON FOR LEAVING					

FROM: Month/Year	TO: Month/Year	JOB TITLE			
EMPLOYER NAME		ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME		PHONE	NO. SUPERVISED	HOURS PER WEEK	
DUTIES PERFORMED:					
REASON FOR LEAVING					

FROM: Month/Year	TO: Month/Year	JOB TITLE			
EMPLOYER NAME		ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME		PHONE	NO. SUPERVISED	HOURS PER WEEK	
DUTIES PERFORMED:					
REASON FOR LEAVING					

FROM: Month/Year	TO: Month/Year	JOB TITLE			
EMPLOYER NAME		ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME		PHONE	NO. SUPERVISED	HOURS PER WEEK	
DUTIES PERFORMED:					
REASON FOR LEAVING					

REFERENCES

List three references that are not relatives or former employers.

Full Name		Phone	()
Address			
Full Name		Phone	()
Address			
Full Name		Phone	()
Address			

WAIVER AND SIGNATURE

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AS IT CONTAINS IMPORTANT INFORMATION AND A WAIVER AND RELEASE OF LIABILITY.

I certify that all statements made in this application or other documentation submitted are true and complete to the best of my knowledge. I understand that any misstatement of material fact or omission of fact on my part will subject me to disqualification or dismissal if hired. I hereby authorize the Coachella Valley Mosquito and Vector Control District to investigate my ability, employment record, or character. I hereby release sources from any liability for any damages whatsoever for providing this information. I understand I will be required to submit copies of educational diplomas, transcripts, etc. when applicable. I am aware that any offer of employment is conditioned upon my ability to meet the established requirements of the job. I understand that as a condition of initial or continued employment, I agree to submit to such lawful examinations, (medical, drug screen, psychological or other), as may be required by the District. I understand that acceptance of an offer of employment does not create a contractual obligation upon the District to continue employment in the future.

I understand that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal authority to work in the U.S.

Signature	Date
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Application must be received by closing date and time for the position recruitment.