



# KERN MOSQUITO & VECTOR CONTROL DISTRICT

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: xxx - xx - \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Are you applying for regular full-time work? YES  NO  Are you available to work on weekends? YES  NO

Are you applying for seasonal work? YES  NO  Will you be available to work overtime, if necessary? YES  NO

### Personal Information

Have you ever applied or worked for the District before? YES  NO  If your answer is "YES," when? : \_\_\_\_\_

Do you have any relative or friends working for the District? YES  NO  If your answer is "YES," list name(s) and relationship: \_\_\_\_\_

Do you have a valid CA driver's license? YES  NO

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you over 18 years old? (If under 18, a work permit is required by state/federal law) YES  NO

Are you authorized to work in the United States on an unrestricted basis? YES  NO

Do you speak, write, or understand any other languages other than English? YES NO

If "YES," which language(s)?

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Are you able to perform the essential functions of the job for which you are applying? YES NO

If your answer is "NO," describe the functions that cannot be performed:

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\*(Note: The District comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subjected to passing a medical examination and to passing skill and agility tests.)

Are you currently employed? YES NO

If currently employed, may we contact your employer? YES NO

**Education, Training and Experience**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at this District? If so, please explain:

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**Answer The Following Questions If You Are Applying For a Professional Position**

Are you licensed / certified for the job applied for? YES NO

Name of license / certification: \_\_\_\_\_

Issuing State: \_\_\_\_\_

License / certification number: \_\_\_\_\_

Has your licensed / certified ever been revoked or suspended? YES NO

If your answer is "YES," state reason(s), date of revocation or suspension and date of reinstatement:

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## Employment History

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

## References

*Please list three professional references **not** related to you who have knowledge of your work performance.*

Full Name: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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 for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to the District 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 District, my former employers and all other persons, corporations, 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 hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the District, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the District, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

\_\_\_\_\_ 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 District. 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 District, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the District's designated representative.

\_\_\_\_\_ I understand that any offer of employment will be contingent on having and keeping an acceptable Driving Record in the State of California, passing a Physical and Drug Screen as well as a Felony Background Check. \*(Note: No applicant will be denied employment solely on the grounds of the conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.)

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

\_\_\_\_\_  
*Date*