



Madera County Mosquito & Vector Control District

3105 Airport Dr., Madera, CA 93637

An Equal Opportunity Employer

2024- Employment Application

Madera County Mosquito & Vector Control District has a policy of requiring a physician's exam, together with urine and blood testing of persons who are under serious consideration for employment. Person's who do not receive said physicians certification of qualification to do the type of work required by the position applied for, or whom tests positive for the presence of illicit drugs in their body will not be considered further. If you are unwilling to consent to such a test or examination, it is recommended that you do not submit an application. Madera County Mosquito & Vector Control District complies with the *Civil Rights Act of 1964*, which prohibits discrimination in employment because of race, color, sex, or national origin. Qualified applicants are considered for all positions without regard to age, marital status, or presence of non-job related medical condition or handicap. *The Age Discrimination in Employment Act of 1967* prohibits discrimination on the basis of age respect to individuals who are at least 40 but not less than 70 years of age.

1. Position (Give the exact title of position for which you are applying):

2. Last Name:

First Name:

Middle:

3.) Mailing Address:

City:

State:

Zip

4.) Home Phone:

5.) Cell Phone:

6.) Language spoken other than English:

7.) Have you retired with Cal-Pers retirement benefits? Yes

No

If yes ,what was your start date?

8.) Have you received Unemployment benefits? Yes

No

If yes, when did your benefits start?

9.) Did you work for another company that has a Cal-Pers retirement plan? Yes

No

If yes, when did you start?

How many hours did you work in the last fiscal year (July-June)?

EDUCATION

10.) Did you graduate High School? Yes

No

If you did not graduate High School, do you have a General Education Development (G.E.D) equivalent? Yes

No

College/University/Vocational

Major

Minor

Units Completed

Degree received

11. Employment History:

- Resumes will not be accepted in place of a completed application
- Complete all questions
- Describe different positions held with the same employer
- List your most recent experience first and attach additional sheets if necessary
- List relevant volunteer experience

<div><div>May we contact your present employer? YesNo</div><div><div>Salary Type:</div><div>HourlyWeeklyMonthly</div></div><div>Salary amount: \$</div><div>Hours worked per week:</div><div><div>Employed from:</div><div>MonthYear</div></div><div><div>Employed to:</div><div>MonthYear</div></div><div>Total time employed:</div></div>	<div><div>Name and Address of employer:</div><div>Job Title:</div><div>Description of Duties:</div><div>Reason for leaving:</div></div>
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12. References:

- List below three persons not related to you who have knowledge of your work performance within the last three years.

Name:	Address:	City/State:	Zip:	Email:	Phone Number:
1.					
2.					
3.					

13. Personal Information:

Do you have any friends or relatives working for Madera County Mosquito & Vector Control District? Yes No

If yes, state their name (s) and relationship:

Are you at least 18 years of age? Yes No

Did you receive a copy of the Job Description for which you are applying? Yes No

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Madera County Mosquito & Vector Control District? Yes No

If so, please explain:

Please read the following 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 completes 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 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 our without prior notice, at the option of either myself or the District, and that no promises or representations contrary to the foregoing are bonding on the District unless made in writing and signed my me and the District's designated representative.

Date: _____ Printed name: _____ Applicant's signature: _____