



**PERSONAL INFORMATION CONTINUED**

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Special Endorsements or Certificates: \_\_\_\_\_

\*All applicants must submit a Department of Motor Vehicles Driving Record printout w/this application. Your driving record will be checked periodically.

Professional or Occupational Licenses or Certificates: (list any other relevant licenses or certificates (include type, description, issuing agency, etc.).

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If hired, can you furnish proof of age?:  Yes  No

Do you have adequate transportation to and from work?:  Yes  No

Are you capable of performing the essential job duties required for the position for which you are applying, with or without accommodation?:  Yes  No

Have you ever used another name or alias?:  Yes  No Is any additional information (relative to change of name, use of an assumed name, or nickname) necessary to enable a check on your work and educational record? If yes, please explain:

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Other Qualifications: Summarize special job-related skills and qualifications acquired through prior employment or other experiences.

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**EDUCATION**

	School Name	Years Completed	Diploma/ Degree	Course of Study Study	Describe Specialized Training, Skills, and Experiences
<b>High School</b>					
<b>College</b>					
<b>Graduate</b>					
<b>Trade</b>					

## EMPLOYMENT

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm/business name and supply (3) business references. Add additional pages if necessary.

### Present or Last Employer:

Employer Name: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_  
Street and Number City State Zip mo/yr mo/yr

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties Performed: \_\_\_\_\_ Exact Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Previous Employer:

Employer Name: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_  
Street and Number City State Zip mo/yr mo/yr

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties Performed: \_\_\_\_\_ Exact Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Previous Employer:

Employer Name: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_  
Street and Number City State Zip mo/yr mo/yr

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties Performed: \_\_\_\_\_ Exact Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT CONTINUED**

**Previous Employer:**  
Employer Name: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_  
Street and Number City State Zip mo/yr mo/yr

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties Performed: \_\_\_\_\_ Exact Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employer:**  
Employer Name: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_  
Street and Number City State Zip mo/yr mo/yr

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties Performed: \_\_\_\_\_ Exact Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employer:**  
Employer Name: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_  
Street and Number City State Zip mo/yr mo/yr

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties Performed: \_\_\_\_\_ Exact Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT CONTINUED**

Have you ever been terminated or asked to resign from any job?:  Yes  No

If yes, please give date(s), and provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May the District contact your current employer?:  Yes  No      If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any actual experience, special training and/or qualifications that you have which you feel are relevant to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any languages that you can read, write, or speak fluently: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list persons willing to provide professional or character references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street and Number      City      State      Zip

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street and Number      City      State      Zip

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street and Number      City      State      Zip

The District has a policy of requiring a physician's physical fitness exam, together with urine drug testing of persons who have been offered employment. Individuals who are determined by the physician not to be physically fit for duty, or who test positive for controlled substances, will not be employed. If you have reason to believe that you will not pass a physician's physical examination, or will test positive for the presence of controlled substances, 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.

### APPLICANT'S STATEMENT & AGREEMENT

In the event I am hired for employment with the Butte County Mosquito and Vector Control District (District), I will comply with all rules and regulations of this District. I understand that District policy requires me to submit to a test for the presence of drugs in my system and a physical, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the District. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I further understand that the District may contact my previous employers. I authorize those employers to disclose to the District all records and information pertinent to my employment with them. I authorize the persons named herein as personal references to provide the District with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true, accurate, and complete. I understand that if I am employed and any information provided to the District is found to be false or incomplete in any respect, I may be dismissed.

I hereby state that I have read and understand the job description for the position that I am applying for and I understand that I must comply with all the requirements of the position, I can fulfill the physical requirements, with or without accommodation of the position, and I feel confident that I can meet the duties explained therein.

If hired, I acknowledge that, as a public employee, the terms and conditions of my employment are fixed by statute and I acknowledge that I shall have no right to continued employment, except as provided by law.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable. If you have any questions regarding this statement, please ask a District representative before signing.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM.**

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE "STATEMENT AND AGREEMENT."***

Sign Your Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\* All successful applicants are subject to a probationary period, in accordance with District Policy, Section 7005, Section 7005.6 and a pre-employment physicians urine and physical test in accordance with District Policy 7006.  
"This institution is an equal opportunity provider and employer"*

*\*Created and implemented May 2012 - Amended November 2013*