

GRANT COUNTY MOSQUITO CONTROL DISTRICT #1

Application for Employment

The Grant County Mosquito Control District #1 complies with all Federal and Washington State rules and regulations and does not discriminate on the basis of race, creed, color, national origin, gender, sexual orientation, marital status, age, or disability.

Personal Information

Date _____

Last Name _____ First Name _____ Middle Int. _____

Street Address _____

City _____ State _____ Zip _____ Home phone: (____) _____

Mobile phone (____) _____ Social Security Number _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skill, qualifications, or experience that we should consider? _____

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Additional Information (Examples include classes, certificates, current licenses, specific equipment and other skills that could help qualify you for this position.)

References (Preferably persons who know about your work/training.)

Name	Address	Phone Number
	()	- _____
	()	- _____
	()	- _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will,” which means that either I or this GCMCD can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature: _____ **Date:** _____