

# 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.)

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**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:** \_\_\_\_\_