

APPLICATION FOR EMPLOYMENT  
**Delta Vector Control District**

1737 W. Houston Ave – P.O. Box 310  
 Visalia, Ca. 93279 / 559-732-8606

Please print clearly, fill out form completely, sign and date.

Last Name	First	Middle
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Street Address		Home Phone	
City, State, Zip		Message Phone	
Position Desired		Social Security	
When will you be available for work?	Do you have a valid CA. driver's license? <div style="text-align: right;">YES    NO</div>		
What type of employment will you accept? <div style="text-align: center;">FULL TIME    /    SEASONAL</div>	Are you of the legal age to work? <div style="text-align: right;">YES    NO</div>		
Were you ever discharged or forced to resign from any position? <div style="text-align: center;">YES    NO</div>	Are you legally eligible for employment in the USA? <div style="text-align: right;">YES    NO</div>		
If yes, explain			
Do you have any physical conditions which may limit your ability to perform the job applied for? <div style="text-align: right;">YES    NO</div>			
Indicate any special qualifications or skills.			

**EDUCATION**

School	Name & Location of school	Courses Studied	Did you Graduate? y/n	List Degree
Elementary				
High				
College				
Trade or Business				

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

## EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Month and Year) From <span style="float: right;">To</span>
Name of Supervisor	Weekly Pay Start <span style="float: right;">Last</span>
State Job Title and Duties	
State reason for leaving	

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State Job Title and Duties	
State reason for leaving	

In Case of emergency notify: \_\_\_\_\_  
Name
Address
Phone

Certification: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.  
 I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE: \_\_\_\_\_ Signed: \_\_\_\_\_