

ANTELOPE VALLEY MOSQUITO & VECTOR CONTROL DISTRICT

42624 6th St. E., Lancaster, CA 93535

(661) 942-2917 FAX (661) 940-6367

MAIL TO: Antelope Valley MVCD
P.O. Box 1192
Lancaster, CA 93584

READ THIS FORM AND THE JOB ANNOUNCEMENT CAREFULLY, Type of Print Clearly in ink. Fill out form completely and sign on back.

1. Position Applying For:

2. First Name	Middle	Last Name
3. Street Address	4. Phone No. (Home)	5. Phone No. (Work)
6. City	State	7. Date of Application
8. Do you speak, read or write any languages other than English? YES NO (If "Yes" indicate languages) A _____ B _____ C _____		

ADDITIONAL INFORMATION

9. Do you have a valid California driver's license? YES NO
10. Are you at least 21 years of age? YES NO
11. To qualify for employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government Permission to work in this country . Does either (a) or (b) describe your status as a resident of this country? YES NO
If so, you will be required to submit documentation in accordance with the Immigration Reform and Control Act of 1986.
- _____
12. Are you related to an AVMVCD employee or trustee? YES NO
If so, relationship: _____
13. Have you ever applied to or worked for AVMVCD before? YES NO
14. If hired would you have a reliable means of transportation to and from work? YES NO
15. Are you currently employed? YES NO
16. Have you ever been discharged or forced/asked to resign? YES NO
17. Have you ever been convicted, fined, (excluding minor traffic offenses) placed on probation or given a suspended sentence in any court? YES NO
(IF YOU ANSWERED "YES" TO QUESTIONS 16-17, PLEASE ATTACH EXPLANATION (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)
18. Are you able to perform the essential functions of the job for which you are applying? YES NO
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants employees to perform essential functions. Hire may be subject to passing a medical drug-screen examination, and to skill and agility test)

EDUCATION AND TRAINING

Circle highest High School grade completed: 9 10 11 12 Did you receive a high school diploma? YES NO GED
Name and location of High School: _____

Military Service:
Have you obtained any special skills or abilities as the result of service in the military? YES NO
If so, describe _____

List your education after High School which you have completed that demonstrates your qualifications for this job.

START WITH MOST RECENT EDUCATION.

School	Location	No. of years Completed	Did you Graduate	Degree Certificate
			Yes ___ No ___	
			Yes ___ No ___	
			Yes ___ No ___	

Professional or Technical Licenses or Certificates	State Issuing	Active	Expired

EXPERIENCE

List all positions you have held in the last **10 YEARS**. Start with your *most recent employer* and work backwards. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes will not be accepted in lieu of COMPLETE ANSWERS. .

Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Pay
Employer			Duties		
Employer's Address					
City					
Supervisor's name & Title					
Supervisor's Telephone			Reason for Leaving		
Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Pay
Employer			Duties		
Employer's Address					
City					
Supervisor's name & Title					
Supervisor's Telephone			Reason for Leaving		
Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Pay
Employer			Duties		
Employer's Address					
City					
Supervisor's name & Title					
Supervisor's Telephone			Reason for Leaving		
Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Pay
Employer			Duties		
Employer's Address					
City					
Supervisor's name & Title					
Supervisor's Telephone			Reason for Leaving		

AGREEMENT: READ CAREFULLY, INITIAL EACH PROVISION BEFORE SIGNING

_____ 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 completed 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 company to thoroughly investigate my references, work record, education, driving record and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company 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 person, 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.

_____ I am an insurable driver and maintain a good driving record.

Signature: _____

Date: _____