



# LAKE COUNTY VECTOR CONTROL DISTRICT

## EMPLOYMENT APPLICATION

### DISTRICT USE ONLY

Position Applied For: \_\_\_\_\_

Received On: \_\_\_\_\_

Interviewed On: \_\_\_\_\_

**INSTRUCTIONS:** Answer all questions using dark ink or typewriter only. Completed applications should be returned to the Lake County Vector Control District at 410 Esplanade, Lakeport, CA 95453 or emailed to [jscott@LCVCD.org](mailto:jscott@LCVCD.org). Any false or misleading statements knowingly made by you in this application will result in the forfeiture of all rights to employment in the service of the Lake County Vector Control District. **If hired, a physical examination and drug test will be required.**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

4. Social Security #: \_\_\_\_\_

5. Do you possess a valid California driver's license: Yes\_\_\_ No\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

6. Can you, after employment, submit verification of your legal right to work in the U.S.? Yes\_\_\_ No\_\_\_

7. Have you ever served in the military service of the U.S.? Yes\_\_\_ No\_\_\_ If yes, which branch? \_\_\_\_\_

8. Can you perform the functions of this job (essential and / or marginal), with or without a reasonable accommodation? Yes\_\_\_ No\_\_\_

9. Are you fluent in any language(s) other than English? If so, please specify your languages and abilities:  
Understand \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

10. List areas of special interest or abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Education:

Have you graduated from high school? Yes\_\_\_ No\_\_\_

If no, do you have a GED Certificate? Yes\_\_\_ No\_\_\_

Name and location of university / college/ trade schools attended	Courses of Study or Majors	Minor	Years Completed	Degree(s )

**12. List certifications, licenses, apprenticeships, or any other special training you have had. Include type, where acquired, dates, whether completed, and any other applicable information:** \_\_\_\_\_

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**13. List any special skills or experience (e.g. operating machinery, etc.):** \_\_\_\_\_

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**14. References: Provide the names and contact information for three persons not related to you, whom you have known for at least one year.**

Name	Address	Phone	Years Acquainted

**15. Employment History**

Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:
Dates Employed:	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
Salary:		Supervisor Name/Title:
		Reason For Leaving:

**16. Describe any aspects of your experience or activities that are particularly appropriate for the position for which you are applying:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. Date available to start employment:** \_\_\_\_\_

*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.*

**I certify that all statements above are correct and complete to the best of my knowledge. I understand that false statements shall be sufficient cause for denial of employment or subsequent dismissal. I understand that this is an “At Will Employment” position and that I may be terminated at any time for any reason or no reason. I understand that if I am offered employment, a pre-employment medical examination and drug test will be required.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please read carefully, initial each paragraph, and sign below**

\_\_\_\_\_ 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 facts on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment.

\_\_\_\_\_ I understand that nothing in the application, or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between the District and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the company's designated representation.

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

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

**Name (Print):** \_\_\_\_\_