

MOSQUITO ABATEMENT DISTRICT-DAVIS

JOB APPLICATION

1. PERSONAL INFORMATION.

Name: _____ Date: / / /

Address: _____

Phone: _____ Social Security Number: _____

e-mail: _____

(Use additional sheets for any explanations you may wish to give about answers given below)

2. WORK PREFERENCE.

Kind of work desired:

Describe your prior experience in the kind of work that you want:

Describe any formal schooling or training you have for this work:

List any licenses, security or bonding clearance or certificates that you have:

Office skills (typing, machine operation, computer programs):

Referral Source: _____ Friend _____ Relative _____ Employment Agency _____ Other
(please state the name of the agency or individual):

3. AVAILABILITY FOR WORK.

Date available for work: _____, _____ Full time _____ Seasonal

Shifts or times that you will work: _____ Days _____ Evenings _____ Graveyards
_____ Rotating _____ Weekends _____ Holidays

Will you work daily overtime on occasion, if necessary? _____ Yes _____ No

Will you work extra days in the week, if necessary? _____ Yes _____ No

Do you want to work elsewhere or attend school while working here? _____ Yes _____ No

Do you have any continuing military obligations,
such as the Guard or Reserves, which may affect your work schedule? _____ Yes _____ No

4. PRESENT EMPLOYMENT.

Are you presently employed? _____ Yes _____ No

Do you authorize us to contact your present employer as a reference? _____ Yes _____ No

How much advance notice do you wish to give to your present employer?

5. PERSONAL HEALTH.

If offered a position with DCMAD, your employment may be conditioned upon the results of a medical examination, drug tests, and/or job-related physical ability tests.

6. PRIOR EVENTS

Have you earned any pension or retirement credits, other the Social Security, in any prior employment? _____ Yes _____ No
Have you ever worked for this agency before? _____ Yes _____ No
Do you have any friends or relatives working for MAD-D?
Do you authorize us to contact your previous employer(s) for references? _____ Yes _____ No
Have you ever been terminated by a previous employer(s)? _____ Yes _____ No
Have you ever been convicted of a felony? _____ Yes _____ No

What are your hobbies or interests? _____

7. EDUCATION AND TRAINING.

High School.

Name of last High School attended: _____
Address of last High School attended: _____
Date last attended: _____ \ _____ \ _____
Please circle highest year completed: K 1 2 3 4 5 6 7 8 9 10 11 12
Did you graduate? _____ Yes _____ No

College or University.

Name of last College or University attended: _____
Address of last College or University attended: _____
Date last attended: _____
What was your major in? _____
Did you graduate? _____ Yes _____ No
What was your grade point average? _____ on a scale of 1.0 to 4.0
Please circle the highest year of education that you have completed: 13 14 15 16 17 18 19 20
What degree did you receive? _____ Bachelors _____ Masters _____ Doctorate

Other Schools (Trade, Correspondence, ect.).

Name of School attended: _____
Address of School attended: _____
Date last attended: _____
What was your major in? _____
Did you graduate? _____ Yes _____ No
What degree did you receive? _____

8. EMPLOYMENT HISTORY.

Present Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates of Employment. From: _____ To: _____
Main Duties: _____
Wages or Salary. Starting: _____ Ending: _____
Reason(s) for Leaving: _____

Previous Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates of Employment. From: _____ To: _____
Main Duties: _____
Wages or Salary. Starting: _____ Ending: _____
Reason(s) for Leaving: _____

Next Previous Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates of Employment. From: _____ To: _____
Main Duties: _____
Wages or Salary. Starting: _____ Ending: _____
Reason(s) for Leaving: _____

9. CERTIFICATE OF APPLICATION.

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment.

Signature of Applicant

Printed Name of Applicant

____/____/____
Date

MOSQUITO ABATEMENT DISTRICT-DAVIS
85 North 600 West, Kaysville, Utah 84037
(801)544-3736 Fax (801)544-2864

CONSENT AND AUTHORIZATION TO RELEASE DRIVER INFORMATION

As an employee of the Mosquito Abatement District-Davis (MAD-D), I consent and authorize MAD-D and its designee, including the Utah Local Governments Trust, to obtain information from the Utah Driver License Division (“Division”) relating to my driving record. Information to be provided by the Division includes name, driver’s license number, date of issuance, whether the license is valid and driving incidents and reports, and other similar driver information specific to employees of MAD-D.

Employee Name (printed)

Date

Signature

Date of Birth

Social Security Number

Utah Driver License Number

Date of Issuance

Expiration Date

Class