Application For Employment

District Manager 2026

The Grand River Mosquito Control District is an Equal Opportunity Employer. Employer does not unlawfully discriminate on the basis of race or color, religion or creed, sex or gender, sexual orientation, pregnancy, national origin or ancestry, age, physical or mental disability, military status, genetic information or other protected status.

PROVIDE ALL/ONLY INFORMATION REQUESTED OR YOU MAY BE DISQUALIFIED.

I. Personal Information

Last Name First Name Middle Initial

Street Address City State Zip Telephone #

Are you 18 years of age or older? Yes ☐ No ☐

Are you lawfully authorized to work in the United States? Yes ☐ No ☐

For what position are you applying? _____

On what date will you be available for work? _____ Wage Desired: _____

Do you have any commitments that will necessitate your absence from work during regular work hours for more than two consecutive days within the next six months? Yes ☐ No ☐

If "Yes" explain: _____

How did you hear about this position? _____

II. Job Requirements (Complete this section only if you have been told the job qualifications/requirements):

I have reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation. Yes ☐ No ☐

Must be able to meet requirements within 90 day of hiring. Yes ☐ No ☐

GRAND RIVER MOSQUITO CONTROL DISTRICT

III. Employment History

1.)

_____|_____
Name of Employer | Address (Number, Street, City, State, Zip Code)

_____|_____|_____
Phone # | Name & Position of Supervisor | Last Position Held

_____|_____|_____
Date Employed (MO/YR) | Date Left (MO/YR) | Reason for Leaving

2.)

_____|_____
Name of Employer | Address (Number, Street, City, State, Zip Code)

_____|_____|_____
Phone # | Name & Position of Supervisor | Last Position Held

_____|_____|_____
Date Employed (MO/YR) | Date Left (MO/YR) | Reason for Leaving

3.)

_____|_____
Name of Employer | Address (Number, Street, City, State, Zip Code)

_____|_____|_____
Phone # | Name & Position of Supervisor | Last Position Held

_____|_____|_____
Date Employed (MO/YR) | Date Left (MO/YR) | Reason for Leaving

Explain any gaps in you work history that are longer than six months. _____
_____

Can we contact your most recent employer? Yes ☐ No ☐

If yes, name and contact information _____

IV. Education

_____
High School Attended & Location | Graduated/ Diploma (Yes/No)

_____
College Attended & Location | Graduated (Yes/No) Degree

_____
Trade, Business or Other School Attended & Location | Graduated (Yes/No) Degree

V. Driving Record

A valid driver's license is required at all times.

Do you possess a valid driver's license? Yes ☐ No ☐

VI. References (no relatives).

Name	Address/Phone	Relationship/Years

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in disqualification or, if already hired, dismissal from employment, no matter when the misrepresentation is discovered. I authorize the Grand River Mosquito Control District to contact my references, investigate my employment history, education, criminal record, credit record, and driving record. I agree to assist the Grand River Mosquito Control District in obtaining background information on me by signing any authorization/release forms necessary to obtain such information. **I will submit to and pass any drug test required** by the Grand River Mosquito Control District **as a condition of employment**. I understand that all employment with the Grand River Mosquito Control District is at-will, meaning that my employment may be terminated, with or without cause, and with or without prior notice, at any time, at the option of either me or the Employer. I understand that no supervisor or manager has the authority to enter into an agreement for employment that waives Employer's right to terminate employment at will. I understand that the Grand River Mosquito Control District has policies and procedures that I must follow, if hired. I understand the Employer reserves the right to change its policies and procedures, including personnel policies and employee benefits at any time without approval by employees, and that these changes are accepted by continuing my employment with the Grand River Mosquito Control District. I certify that I am submitting this application because of good faith desire for employment with Employer. If offered employment, I will consider the offer, and if I accept, I will fulfill the requirements of the job to the best of my ability.

Applicants Signature Date