

Application For Employment

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 authoriz	ed to work in the United	States?	Yes	No		
For what position are yo	u applying?					
On what date will you be	available for work?		Wage D	Desired:		
Are you willing to work? to/)	Full Time Part Tir	ne Tempo	orary	(dates available/	_/	
Do you have any commi more than two consecuti		•		ork during regular work h	nours for	
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____



III. Employment History

1.)

Last Position Held
Last Position Held
Last Position Held

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. A copy of a driving record needs to be provided to the District if a job offer is accepted by applicant. An applicant's driving record is unacceptable if it shows the following:

- Twelve (12) points or more of violations within the last three (3) years.
- One (1) alcohol or drug related driving conviction within the last three (3) years.

Do you possess a valid driver's license? Yes____ No____

VI. Personal References (no relatives)

Name	Address/Phone	Relationship/Years
	I	I
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 disgualification 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, and if applicable, 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