



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. 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
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, 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 Date