



Application For Employment

The Grand River Mosquito Control District is an Equal Opportunity Employer. Employer does not unlawfully discriminate on the basis of race, color, sex, gender, sexual orientation, national origin, ancestry, religion, creed, age, physical or mental disability, genetic information, veteran or military status, 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 under 19 years of age? Yes___ No___ If Yes, "state your date of birth:_____.

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: _____.

Are you on layoff and subject to recall? Yes___ No___

Are you willing to work? Full Time___ Part Time___ Temporary___ (dates ___/___/___ to ___/___/___)

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 meet all required educational experience and certification/license qualifications of the job. Yes___ No___

If "No: what qualifications do you lack? _____

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.)

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. _____

Who should we contact to confirm current employment data? _____

Can we talk to your current employer now, or only if you are hired? Now___ Only if hired___

IV. Education

High School Attended & Location	# of years completed	Graduated (Yes/No)	Degree
College Attended & Location	# of years completed	Graduated (Yes/No)	Degree
Trade, Business or Other School Attended & Location	# of years completed	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. Criminal Record

Have you been convicted of or plead guilty (includes also deferred judgment and no contest plea) to a crime or subjected to court martial? (Do not include crimes for which public records are sealed or have been expunged) Yes___ No___. If "Yes" identify the nature of the offense, county and state where convicted, date of conviction, and sentence or fine imposed.

_____.

VII. Personal 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 Employer to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record and to obtain a consumer report regarding me. I agree to assist Employer 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 Employer as a condition of employment. All employment with Employer is at-will, meaning that employment with Employer 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 Employer 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 Employer. 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 _____