

# EMPLOYMENT APPLICATION

Moab Mosquito Abatement District is an Equal Employment Opportunity/Americans with Disabilities Act Compliant Employer

Position Applied for <b>Vector Control Technician</b>		Date of Application	
Last Name		First Name	Middle Name
Physical Address	City	State	Zip Code
Mailing Address (If different from Physical Address)			
Telephone Numbers			
Home	Cell	Other	
Email Address			

## EQUAL EMPLOYMENT OPPORTUNITY

**Moab Mosquito Abatement is an equal employment opportunity employer. If you meet the minimum position qualifications, your application will not be rejected because of your race, color, national origin, religion, sex, age, or disability.**

Employment desired: Full time   Part time   Temporary   Seasonal

Have you previously been employed by **Moab Mosquito Abatement**? Yes No

If yes, please give dates, department, position and number of subordinates if applicable.

Are you legally eligible for employment in the United States? Yes No

Can you provide proof of eligibility for employment in the United States? Yes No

Do you meet the minimum age requirements for the position? Yes No

Have you read the job description of the position for which you are applying? Yes No

Do you feel that you are capable of performing all basic functions of the job within reason? Yes No

If no, please explain the reasonable accommodations that you may need to perform the basic job duties of the position for which you are applying. \_\_\_\_\_

Note: We comply with ADA requirements and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Employment may be subject to passing a medical examination and skill/agility testing.

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## EDUCATION

High School Name/ GED City / State	Diploma	GED

University, Community, Business or Technical College and city/state	Number of Years Attended	Official Major	Degree Yes/No	Type Degree

Trade School, Correspondence Course or Apprenticeship and city/state	Number of Years Attended	Subject/ Field	Course Completed	Type Certification

List any professional or trade licenses, specialized training, certificates, and registrations: \_\_\_\_\_

\_\_\_\_\_

List any languages, other than English, in which you are fluent. \_\_\_\_\_

\_\_\_\_\_

List any other experience, training, qualifications, or skills you have that you feel will assist you in the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

Chronologically list previous employment starting with the most recent for the past ten years. Please include military experience and volunteer activities. Also please explain any time period for which you were unemployed. Attach separate sheet if required. You may attach a resume, **but the application form must be filled out completely, including employment history – DO NOT STATE “SEE RESUME”.**

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$
Reason for Leaving	Supervisor's Name	Supervisor's Title

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$
Reason for Leaving	Supervisor's Name	Supervisor's Title

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$
Reason for Leaving	Supervisor's Name	Supervisor's Title

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
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Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$
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## REFERENCES

### PROFESSIONAL

1. Name	Business Name and Address	Telephone Number
2. Name	Business Name and Address	Telephone Number
3. Name	Business Name and Address	Telephone Number

### PERSONAL

1. Name	Address	Telephone Number	Years known
2. Name	Address	Telephone Number	Years known
3. Name	Address	Telephone Number	Years known

### READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT.

By making this application, I hereby authorize any previous employers or references to give and release to the Grand County Personnel Department any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. Any or all previous employers may be contacted. I release Moab Mosquito Abatement District from any liability for the use of this information in considering and reviewing my application for the available position.

\_\_\_\_\_ (initial)

If I am applying for a position that lists as part of the job description the special requirement of passing a criminal history background investigation I hereby authorize Moab Mosquito Abatement District to conduct a thorough background investigation, to include identifying criminal offenses of which I may have been convicted. I hereby release Grand County or any other agency involved in releasing this information from any civil or criminal liability arising under law.

\_\_\_\_\_ (initial)

I affirm that this application for employment and any additional documentation contain no misrepresentations or falsifications and that the information is true and complete to the best of my knowledge and belief. I am aware, that should investigation at any time disclose any such misrepresentation or falsification I will be disqualified from further consideration or, if employed by Moab Mosquito Abatement District, I may be terminated from employment.

\_\_\_\_\_ (initial)

I understand that Moab Mosquito Abatement District is a drug free workplace. Moab Mosquito Abatement District may drug test if there is reasonable suspicion and for post accident and follow-up drug testing for the illegal use of controlled substances.

\_\_\_\_\_ (initial)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE