

SEASONAL EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE: _____

Name (First, Middle, Last)	_____		
Address	_____ _____		
Phone Number	()	_____	
Email Address	_____ @ _____		
Are you over the age of 17?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a valid Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you effectively communicate in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How did you find out about the job opening?	_____		
Family who work here or serve on the Board:	_____ _____		

EMPLOYMENT DESIRED

Date you can start work _____	End Date _____			
Assignment Preference <i>(on a scale of 0-5 please rate each job listed below, where 0 = no interest and 5 = very interested)</i>				
<input type="checkbox"/> Mosquito Crew	<input type="checkbox"/> Black Fly Crew	<input type="checkbox"/> Bike Crew	<input type="checkbox"/> Research	<input type="checkbox"/> Office
<input type="checkbox"/> Fish/Horse Troughs	<input type="checkbox"/> Adulticiding	<input type="checkbox"/> Tree Hole	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Laboratory
Able and willing to ride a bicycle intermittently for up to 6.5 hrs a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Able and willing to traverse uneven, wet, slippery, muddy terrain, including wading through water up to or exceeding about knee-deep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Able to lift and carry 50 pounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Interest and availability to work overtime: <i>(circle one)</i>	Very Interested	Interested	Not Interested	
Comments regarding required overtime:	_____			
Please list all time off needed during season	_____			
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we inquire with your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever applied to work here before?	<input type="checkbox"/> Yes - When? _____	<input type="checkbox"/> No		

GENERAL INFORMATION (courses or job related training/skills, certifications or licenses, honors, awards, achievements, extracurricular activities, community service/involvement)

EDUCATION HISTORY

School Name & Location	# years attended	Did you graduate?	Subject/Major or Degree
High School			
College			
College			

FORMER EMPLOYERS (list below former employers, starting with most recent/current employer)

Name & Address	Dates Employed	Salary	Position	Reason for Leaving

REFERENCES

Name	Phone Number	Business	Relationship	Years Known

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the District from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the District has any authority to enter into any agreement for employment for any specified period of time. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act or other relevant federal and state laws.

Signature

Date