

# SOLANO COUNTY MOSQUITO ABATEMENT DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

## INSTRUCTIONS

Attach additional sheet if more space is needed.

Return to:

Solano County Mosquito Abatement District  
2950 Industrial Court  
Fairfield, Ca. 94533  
(707) 437-1116

Position Applied For \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone (specify) \_\_\_\_\_

When would you be available for work? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

---

List three business references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Company \_\_\_\_\_  
Work Phone \_\_\_\_\_ Address \_\_\_\_\_

---

Solano County Mosquito Abatement District is committed to a policy of equal employment opportunity for its job applicants and employees. Employment decisions will comply with all applicable laws prohibiting discrimination in employment based on race, religion, color, national origin, physical or mental disability, medical condition, sex, marital status or age, or on any other basis prohibited by state, federal, and other applicable laws.

Disabled applicants may request accommodation to enable them to complete the application.

**All offers of employment are contingent upon successful completion of a physical examination (including drug and alcohol testing), background investigation, and verification of references provided.**

## Employment History

Begin with your most recent employer. Go back at least 5 years or 3 employers, whichever is longer. Include periods of unpaid or volunteer work.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Position \_\_\_\_\_  
Kind of business and nature of your position \_\_\_\_\_  
Immediate supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact? Yes No

---

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Position \_\_\_\_\_  
Kind of business and nature of your position \_\_\_\_\_  
Immediate supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact? Yes No

---

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Position \_\_\_\_\_  
Kind of business and nature of your position \_\_\_\_\_  
Immediate supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact? Yes No

---

## Verification

If you indicated that we do not contact your previous or current employers, please identify the employer and state why.

\_\_\_\_\_  
\_\_\_\_\_

**Education Record**

High School \_\_\_\_\_ Highest grade completed 9 10 11 12 \_\_\_\_\_

Address \_\_\_\_\_ Did you graduate Yes \_\_\_ No \_\_\_

College or University \_\_\_\_\_ Years completed 1 2 3 4 \_\_\_\_\_  
Address \_\_\_\_\_

Degree or diploma received \_\_\_\_\_

Other school \_\_\_\_\_ Years completed 1 2 3 4 \_\_\_\_\_  
Address \_\_\_\_\_

Degree or diploma received \_\_\_\_\_

Other training relevant to the position for which you are applying \_\_\_\_\_

**Additional Qualifications**

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position for which you have applied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Publications, Awards, etc.: \_\_\_\_\_

Military: Branch of service \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Dates of service: \_\_\_\_\_

List duties in the service, including schools and training: \_\_\_\_\_

Are you 18 or over? Yes \_\_\_ No \_\_\_

If employed, can you show proof of age? Yes \_\_\_ No \_\_\_

Are you legally eligible to work in this country? Yes \_\_\_ No \_\_\_

Are there any hours, shifts or days you cannot or will not work? Yes \_\_\_ No \_\_\_

Have you ever been employed under another name? Yes \_\_\_ No \_\_\_  
If yes state name: \_\_\_\_\_

Have you ever been discharged or suspended from a job? If yes, explain. Yes \_\_\_ No \_\_\_

Do you have any relatives presently working for Solano County Mosquito Abatement District? Yes \_\_\_ No \_\_\_

If yes, state their name(s), their relation to you. \_\_\_\_\_

**Driver's License (complete only if driving is a requirement of the job for which you are applying)**

---

Do you have a current valid driver's license?	Yes ___ No ___
License # _____	Class _____ State Issued _____

---

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current Driver's license.

**Acknowledgement/Authorization**

---

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the Solano County Mosquito Abatement District (Solano MAD) to thoroughly examine my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Solano MAD any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Solano MAD, my former employers and all other persons, corporation, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Date: \_\_\_\_\_

\_\_\_\_\_ Please Print First and Last Name

\_\_\_\_\_ Applicant's Signature

7/18/2022