

CACHE MOSQUITO ABATEMENT DISTRICT

EMPLOYMENT APPLICATION

DISTRICT USE ONLY
Received On: _____
Interviewed On: _____

Position Applied For: _____

INSTRUCTIONS: Answer all questions. Any false or misleading statements knowingly made by you in this application will result in the forfeiture of all rights to employment in the service the Cache Mosquito Abatement District. **If hired, a physical examination will be required.**

Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: () _____ Social Security Number: _____

Do you possess a valid Utah driver's license: Yes ___ No ___ License #: _____ Expires: _____

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes ___ No ___

Have you ever served in the military service of the U.S.? Yes ___ No ___ Which branch? _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, explain: _____

(A yes answer does not automatically disqualify applicant.)

List any special skills or abilities or interests (operating machinery, etc.): _____

List any professional licenses or certifications you hold: _____

Education: Have you graduated from high school? Yes ___ No ___

If not, do you have a GED certificate? Yes ___ No ___

University/College	Course of Study or Major	Minor	Years Completed	Units, Hours, Degrees

List apprenticeship, trade, vocational, business school, or any other special training you have had; include type, where acquired, dates, whether completed, and any other applicable information:

Probable date available to start employment: _____

Cache Mosquito Abatement District has a policy of requiring a physician's exam, together with urine and blood testing, of persons who are under serious consideration for employment. Persons who do not receive said physician's certification of qualification to do the type of work required by the position applied for, or who test positive for the presence of illicit drugs in their body will not be considered further. If you have reason to believe that you will not pass a physician's examination or will register positive on a drug test, or if you are unwilling to consent to such a test or examination, it is recommended that you not submit an application.

I certify that all statements above are correct and complete to the best of my knowledge. I understand that false statements shall be sufficient cause for denial of employment or subsequent dismissal.

Signature: _____ Date: _____

FORMER EMPLOYERS: List below your last three employers, starting with last one first.

Date Month & Year	Name & Address of Employer	Salary	Position Title	Reason for Leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

What did you like most about that job? _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	email

Please mail completed application to:

Cache MAD
 PO Box 466
 Hyde Park, UT 84318