

Placement Information

I am seeking a permanent position YES or NO

I am seeking temporary work until _____

I am available to work over time YES or NO

Activities to prevent me from working overtime _____

Date available for work _____

Do you have a Commercial Pesticide Applicator's License? YES or NO

State _____ License No. _____ Expiration Date _____

Categories _____

Do you have experience in the control of noxious weeds and handling of pesticides? YES or NO

Explain _____

Do you have experience or training in driving large vehicles? YES or NO

Do you have experience in operating ATV's on right of ways or on rough terrain? YES or NO

Explain _____

Can you provide a valid drivers license? YES or NO

An insurable driving record is required for employment.

Are you willing to provide such a record upon request? YES or NO

List other ***JOB RELATED*** qualifications and skills - please include skills with shop machinery.

References: List two personal references who are not relatives or former supervisors.

Name Address /Phone No. Occupation Years Known

Previous Employment List jobs starting with current or most recent position.

Employer _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
May we contact? YES or NO
Date Hired _____ Date Terminated _____ Supervisor _____
Your Title _____
Hours per week _____ Final Salary _____ Hourly Bimonthly Monthly Yearly (Circle)
Description of duties?

Reason for leaving? _____

Employer _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
May we contact? YES or NO
Date Hired _____ Date Terminated _____ Supervisor _____
Your Title _____
Hours per week _____ Final Salary _____ Hourly Bimonthly Monthly Yearly (Circle)
Description of duties?

Reason for leaving? _____

Previous Employment Cont.

Employer _____	Phone Number _____		
Address _____	City _____	State _____	Zip _____
May we contact? YES or NO			
Date Hired _____	Date Terminated _____	Supervisor _____	
Your Title _____			
Hours per week _____	Final Salary _____	Hourly Bimonthly Monthly Yearly (Circle)	
Description of duties? _____			

Reason for leaving? _____			

*** Notice: Successful applicants will be required to show proof that they are eligible to work in the United States under U.S. Immigration Law**

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or falsification may result in removal from employment consideration or dismissal. I give the district and its authorized agents permission to verify any job related information given in connection with this application.

Signature of Applicant: _____ Date: _____