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| **MOSQUITO ABATEMENT DISTRICT-DAVIS** | | | | | | | | | | | | | |
| 85 North 600 W, Kaysville, UT 84037 | | | | | | | | | | | | | |
| Phone: (801)544-3736 | | | | Fax: (801)544-2864 | | | | | | | Email: ghatch@davismosquito.org | | |
| **Application for Employment** | | | | | | |  | | | | | | |
| **Personal Information** | | | | | | | Date of Application: Pick date | | | | | | |
| Name: First Name | | | | | Middle Name | | | | Last Name | | | | |
| Address: Street | | | | | | | | City | | | | State | Zip |
| Phone: Phone Number | | | | | Text Message OK Yes No | | | | E-mail: Enter email address. | | | | |
| Referral Source: Choose a source. | | | | | | (Name of the agency, Job Posting or individual for referral). | | | | | | | |
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| **Work Preference** | | | | | | |  | | | | | | |
| Position(s) Applied for: Choose position, Choose position, Choose position | | | | | | | | | | Other Enter other position. | | | |
| ATV Experience Yes No | | | Explain Experience | | | | Explain ATV experience. | | | | | | |
| Boat Driving Experience Yes No Explain | | | | | | | Explain boat experience. | | | | | | |
| What are your hobbies or interest? | | | | | | | Enter your hobbies. | | | | | | |
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| **Availability for Work** | | | | | | |  | | | | | | |
| Date available for work: Pick date. | | | | | | | Seasonal Internship Part Time Full Time | | | | | | |
| Shifts or times for desired work | | | | | | | Days Evenings (select nights) M T W TH F | | | | | | |
| Will you work overtime on occasion, if necessary? | | | | | | | Yes No If No Explain Enter explanation. | | | | | | |
| Will you be working elsewhere while working here? | | | | | | | Yes No If Yes Explain Enter explanation. | | | | | | |
| Will you be trying to attend school while working? | | | | | | | Yes No If Yes Explain Enter explanation. | | | | | | |
| Do you have military obligations such as Guard or Reserves, which may affect your work schedule? | | | | | | | Yes No If Yes Explain Enter explanation. | | | | | | |
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| **Education and Training** | | | | | | |  | | | | | | |
| **High School** | | | | | | |  | | | | | | |
| Name of last high school attended: | | | | | | | Name of school. | | | | | | |
| Date last Attended: Enter date. | | | | | | | Highest year completed: 7 8 9 10 11 12 | | | | | | |
| Did you graduate Yes No | | | | | | | If No did you receive your GED Yes No | | | | | | |
|  | | | | | | |  | | | | | | |
| **College or University** | | | | | | |  | | | | | | |
| Name of last college or university attended: | | | | | | | Name of school. | | | | | | |
| Date last Attended: Enter date. | | | | | | | Highest year completed: 13 14 15 16 17 18 19 20 | | | | | | |
| What was your major? Enter major. | | | | | | | What was your grade point average? Enter GPA. | | | | | | |
| Did you graduate Yes No | | | | | | | Degree received Bachelors Masters Doctorate | | | | | | |
|  | | | | | | |  | | | | | | |
| **Other Schools – Tech, Trade, On-Line** | | | | | | |  | | | | | | |
| Name of postsecondary institution attended: | | | | | | | Enter institution. | | | | | | |
| Date last Attended: Enter date. | | | | | | | Highest year completed: 13 14 15 16 17 18 19 20 | | | | | | |
| What was your major? Enter major or trade. | | | | | | | What was your grade point average? Enter GPA. | | | | | | |
| Did you graduate or receive a certificate of completion Yes No | | | | | | | Degree or certificate received: Enter degree or certificate received. | | | | | | |
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| **Military Service** | | | | | | |  | | | | | | |
| Branch of service: Enter branch of service. | | | | | | | Dates of military service: Enter date. | | | | | | |
| Experience and skills gained: | | | Explain experience and skills gained. | | | | | | | | | | |
| **Employment History** | | | | | | |  | | | | | | |
| May we contact your current employer Yes No | | | | | | | May we contact your previous employers Yes No | | | | | | |
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| Present Employer Enter present employer. | | | | | | | Supervisor Enter supervisor name. | | | | | | |
| Address Enter employer’s address. | | | | | | | Phone number Enter phone number. | | | | | | |
| Dates of employment. From: Enter date. | | | | | | | To: Enter date. | | | | | | |
| Main duties: | Enter main duties. | | | | | | | | | | | | |
| Wages or salary. Starting: Enter starting wage. | | | | | | | Ending: Enter ending wage. | | | | | | |
| Reason(s) for leaving: | | Enter reason for leaving. | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| Previous Employer Enter previous employer. | | | | | | | Supervisor Enter supervisor name. | | | | | | |
| Address Enter employer’s address. | | | | | | | Phone number Enter phone number. | | | | | | |
| Dates of employment. From: Enter date. | | | | | | | To: Enter date. | | | | | | |
| Main duties: Enter main duties. | | | | | | |  | | | | | | |
| Wages or salary. Starting: Enter starting wage. | | | | | | | Ending: Enter ending wage. | | | | | | |
| Reason(s) for leaving: | | Enter reason for leaving. | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| Next previous employer Enter previous employer. | | | | | | | Supervisor Enter supervisor name. | | | | | | |
| Address Enter employer’s address. | | | | | | | Phone number Enter phone number. | | | | | | |
| Dates of employment. From: Enter date. | | | | | | | To: Enter date. | | | | | | |
| Main duties: Enter main duties. | | | | | | |  | | | | | | |
| Wages or salary. Starting: Enter starting wage. | | | | | | | Ending: Enter ending wage. | | | | | | |
| Reason(s) for leaving: | | Enter reason for leaving. | | | | | | | | | | | |
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| **Certificate of Application** | | | | | | |  | | | | | | |
| All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me and I agree to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment. | | | | | | | | | | | | | |
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| Signature: Must type name to complete application. | | | | | | | Date: Pick date. | | | | | | |
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| 85 North 600 West, Kaysville, UT 84037 | | | |
| Phone: (801)544-3736 | Fax: (801)544-2864 | | Email: ghatch@davismosquito.org |
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| **Consent and Authorization to Release Driver Information** | | | |
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| As an employee of the Mosquito Abatement District-Davis (MAD-D), I consent and authorize MAD-D and its designee, including the Utah Local Governments Trust, to obtain information from the Utah Driver License Division (“Division”) relating to my driving record. Information to be provided by the Division includes name, driver’s license number, date of issuance, whether the license is valid and driving incidents and reports, and other similar driver information specific to employees of MAD-D. | | | |
| Name: Enter name on license. | | Date: Pick date. | |
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| Date of Birth: Enter date. | | Social Security Number: Enter SSN. | |
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| Utah Driver License Number: Enter license number. | | Class: Enter class. | |
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| Date of Issuance: Enter date. | | Date of Expiration: Enter date. | |
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| Signature: Must type name to complete application. | |  | |
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