

APPLICATION FOR EMPLOYMENT
Delta Vector Control District

1737 W. Houston Ave – P.O. Box 310
 Visalia, Ca. 93279 / 559-732-8606

Please print clearly, fill out form completely, sign and date.

Last Name	First	Middle
-----------	-------	--------

Street Address		Home Phone	
City, State, Zip		Message Phone	
Position Desired		Email	
When will you be available for work?	Do you have a valid CA. driver's license? <div style="text-align: right;">YES NO</div>		
What type of employment will you accept? <div style="text-align: center;">FULL TIME / SEASONAL</div>	Are you of the legal age to work? <div style="text-align: right;">YES NO</div>		
Were you ever discharged or forced to resign from any position? <div style="text-align: center;">YES NO</div>	Are you legally eligible for employment in the USA? <div style="text-align: right;">YES NO</div>		
If yes, explain			
Do you have any physical conditions which may limit your ability to perform the job applied for?			YES NO
Indicate any special qualifications or skills.			

EDUCATION

School	Name & Location of school	Courses Studied	Did you Graduate? y/n	List Degree
Elementary				
High				
College				
Trade or Business				

REFERENCES

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

Name	Address	Business	Years Known

