

APPLICATION FOR EMPLOYMENT
Delta Vector Control District

1737 W. Houston Ave - Post Office Box 310
 Visalia Ca. 93279 - 559-732-8606

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

Last Name	First	Middle
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Street Address		Home Phone	
City, State, Zip		Message Phone	
Position Desired		Social Security	
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? <div style="text-align: right;">YES NO</div>			
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 know at least one year.

Name	Address	Business	Years Known

