



Canyon County Mosquito Abatement District

9719 Booker Lane, Nampa, ID, 83686

Phone: 208-461-8633 | Fax: 208-461-4459

www.2cmad.org

Application for Employment An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. This application is to fill the current open position only.

Personal Information:			
Name:			
Last	First	Middle	Other Names Used
Address:			
Street	City	State	Zip
Telephone:	()	()	
Home	Cell		
Email Address:			
Emergency Contact:			
Name:	Relation:	Telephone:	
Position Applying For:			
Job Title:			
Are you applying for:	What shifts will you work?	May We Contact Present Employer?	
F/T P/T (All positions are Temp/Seasonal)	Days Nights	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Available Start Date:			
New Employee <input type="checkbox"/> Returning Employee <input type="checkbox"/>			

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____

Education/Training					
	Name	Location	Dates Attended From / To:	Diploma, Degree & Major	Graduated? Y/N
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ()	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				

Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

Technology Skills (List All Skills & Software Applications You Have Experience Using):			
Microsoft Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Scanner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Copier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Digital Phone Systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mobile data collection with handheld or other device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PowerPoint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
All other skills that may be applicable:			
Professional Licenses or Certificates Held:			

Military	
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, fill out Page 5 of Application & attach proper documentation)
Have you previously claimed such preference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name:				
Address:	Last	First	Middle	
Telephone:	Street	City	State	Zip
	()	()		
	Home	Other		
Connection To You (i.e., friend, co-worker):				Occupation:

Personal Reference

Name:				
Address:	Last	First	Middle	
Telephone:	Street	City	State	Zip
	()	()		
	Home	Other		
Connection To You (i.e., friend, co-worker):				Occupation:

Personal Reference

Name:				
Address:	Last	First	Middle	
Telephone:	Street	City	State	Zip
	()	()		
	Home	Other		
Connection to You (i.e., friend, co-worker):				Occupation:

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes No

If yes, when and where: _____ Please explain:

Are you related by blood or marriage to any person now employed by Canyon County Mosquito Abatement District? Yes No

If yes, give name and relationship to you:

Name: _____ Relationship: _____

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____

Date: _____

IT IS THE POLICY of Canyon County Mosquito Abatement District to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender, or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected, and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Canyon County Mosquito Abatement District, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Canyon County Mosquito Abatement District, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by Canyon County Mosquito Abatement District. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Dated

Printed Name, including all names I have previously used or been known by:

DL #: _____ State Issued _____

APPLICANT'S STATEMENT

I UNDERSTAND THAT THE EMPLOYER FOLLOWS AN EMPLOYMENT AT WILL POLICY, IN THAT I OR THE EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME, OR FOR ANY REASON CONSISTENT WITH APPLICABLE STATE OR FEDERAL LAW; THIS EMPLOYMENT AT WILL POLICY CANNOT BE CHANGED VERBALLY OR IN WRITING, UNLESS THE CHANGE IS SPECIFICALLY AUTHORIZED IN WRITING BY THE BOARD OF TRUSTEES OF CANYON COUNTY MOSQUITO ABATEMENT DISTRICT. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS; ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY. FAILURE TO SUBMIT SUCH PROOF WILL RESULT IN DENIAL OF EMPLOYMENT.

I UNDERSTAND THIS APPLICATION WILL BE ACTIVE FOR A PERIOD OF ONE YEAR; AFTER THAT TIME, IF I WISH TO BE CONSIDERED FOR EMPLOYMENT, I MUST SUBMIT A NEW APPLICATION.

I UNDERSTAND THAT THE EMPLOYER WILL THOURGHLY INVESTIGATE MY WORK AND PERSONAL HISTORY AND VERIFY ALL DATA GIVEN ON THIS APPLICATION, OR RELATED PAPERS, AND INTERVIEWS. I AUTHORIZE ALL INDIVIDUALS, SCHOOLS, AND FIRMS NAMED THERIN, EXCEPT MY CURRENT EMPLOYER IF SO NOTED, TO PROVIDE ANY INFORMATION REQUESTED ABOUT ME, AND I RELEASE THEM FROM ALL LIABILITY FOR DAMAGE IN PROVIDING THIS INFORMATION.

I CERTIFY THAT ALL THE STATMENTS HERIN ARE TRUE AND UNDERSTAND THAT ANY FALSIFICATION OR WILLFUL OMISSION SHALL BE SUFFICIENT CAUSE FOR DISMISSAL OR REFUSAL OF EMPLOYMENT.

SIGNATURE: _____ DATE: _____