



SALT LAKE CITY MOSQUITO ABATEMENT DISTRICT

SEASONAL EMPLOYMENT APPLICATION

FILL OUT FORMS COMPLETELY, SIGN AND DATE

It is our policy to provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Name _____ Date _____

Address _____
Street City State Zip

Primary phone number _____ Alternate phone number _____

Email Address: _____

Do you have a valid UT Driver's license? Yes No Other State _____

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Do you presently have any contracted restrictions that would affect your employment with the District? Yes No

Have you previously worked here, and if so when? _____

How did you hear about this position? _____

When will you be available for work? _____

EDUCATION

High School	City and State	Graduate / G.E.D.
		<input type="checkbox"/> Yes <input type="checkbox"/> No

College/University	City and State	Course of Study or Major	Minor	Years Completed	Degree earned or Units completed

List apprenticeship, trade, vocational or any other special training you have had. Include type, where acquired, dates and other applicable information:

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WORK HISTORY

Begin with your present job and list in reverse order. List any promotions as a separate job.

Name of Employer	Address	Telephone
Date Started	Date Left	
Job Title	Supervisor Name	
Description of Duties		

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In addition to your work history what other experiences, skills or qualifications would especially fit you for this position?

Fluency in language(s) other than English:

Language: _____ Speaking Reading Writing

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Why are you applying for this position?

REFERENCES: Name persons, not related to you, that you have known for at least one year.

Name		Phone	
Email Address		Years Known	
Name		Phone	
Email Address		Years Known	
Name		Phone	
Email Address		Years Known	

Each applicant may be asked to provide additional information beyond that requested on this form in the event of future consideration for employment.

CERTIFICATION: I certify that the facts contained herein are true and complete to the best of my knowledge and understand that, if employed, false statements will be grounds for dismissal. I authorize investigation of all statements and the references listed to give any and all information concerning my suitability for employment, and release all parties from liability for any damage that may result from furnishing the same. I understand that my employment is for no definite period, and may be terminated at any time.

Date: _____

Applicant's Signature: _____