

The North Shore Mosquito Abatement District

Application for Employment

Date: _____

Position applied for: _____

Name: _____

Have you been employed by the NSMAD previously? _____

Address: _____

If yes, when? _____ **For how long?** _____

Telephone #: _____

Do you have any Physical restrictions? _____

Email Address: _____

If yes, please describe: _____

Drivers License #: _____ **Expiration Date:** _____

Date of Birth: _____

Do you have any chemical sensitivities or allergies? _____

If yes, please describe: _____

Personal References

(please list three)

Name	Address	Telephone #:

Previous Employment

(three required, last position first)

Dates Employed	Company Name	Address	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

AUTHORIZATION FOR MOTOR VEHICLE RECORD

Employment at the North Shore Mosquito Abatement District in the field or laboratory involves driving District vehicles. Prospective employees will be considered ineligible for employment with the North Shore Mosquito Abatement District if any of the following criteria are reflected on the employee's Motor Vehicle Record.

1. D.U.I. (Driving Under the Influence) or D.W.I. (Driving While Impaired).
2. Current drivers license suspension.
3. More than one moving violation in the past six months prior to employment.

If a prospective employee provides the District with a court document amending his/her Motor Vehicle Report, eligibility will be reconsidered.

I hereby authorize the North Shore Mosquito Abatement District to obtain a copy of my Motor Vehicle Record. This information will not be used in violation of any federal or state equal opportunity law or regulation.

Signature

Date

For Identification Purposes Only

Social Security Number: _____

Birth Date: _____

Drivers License #: _____ **State issued:** _____