



Collier Mosquito Control District
 600 North Road, Naples, FL 34104-3464
 Phone: (239) 436-1000 / Fax: (239) 436-1005

Application for Employment

The Collier Mosquito Control District is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, gender, age, national origin, disability, citizenship status or any other legally protected status or any other legal protected status in accordance with applicable federal, state, and local laws.

Position Applying For	Date of Application
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Referral Source (check one) Please be specific.

Employment Agency _____
 Internet Posting (specify site) _____
 Employee Referral _____
 Other _____

APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address		City		State	Zip
Home Phone Number	Alternate Phone Number		Email Address		

Type of Employment Desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Date available for work	Salary Requirements
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Have you ever been employed with the Collier Mosquito Control District before?
 Yes No If yes, when? _____

Are you 18 years of age or over? <i>If no, you may be required to provide authorization.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Note: Proof of employment eligibility will be required in order to begin work for the District. However, such proof will not be requested until after an offer of employment has been extended and subsequently accepted.)</i> Do you now or will you in the future require visa sponsorship? Yes <input type="checkbox"/> No <input type="checkbox"/>
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May we contact your current employer at this time? Yes No

If not, when may we contact your current employer? _____

EDUCATION HISTORY

High School / Graduate Equivalency Diploma
 NOTE: This information will be considered only if relevant to the job for which you are applying.

Name	Address (Street, City, State, Zip)	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
Name	Address (Street, City, State, Zip)	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma <input type="checkbox"/> GED <input type="checkbox"/>

College / University / Professional & Trade Schools
 NOTE: This information will be considered only if relevant to the job for which you are applying.

Institution Name	Address (Street, City, State, Zip)	Course of Study	Degree Awarded/ Reason Not Awarded
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Describe any specialized training, apprenticeship, skills and extra-curricular activities relevant to the job applied for.

EMPLOYMENT HISTORY

List all prior work experience starting with the current or most recent employer, including periods of unemployment (bottom). Applicants may include volunteer service in the space provided below. This section must be completed. You may attach additional pages, if necessary.

Employer's Name	Job Title		
Employer's Address (Street, City, State, Zip)		Duration of Employment (# of years)	
Phone Number		Supervisor's Name	
Annual Salary	Bonus/Commissions (If applicable)	Reason for Leaving	

Brief Description of Duties

Employer's Name	Job Title		
Employer's Address (Street, City, State, Zip)		Duration of Employment (# of years)	
Phone Number		Supervisor's Name	
Annual Salary	Bonus/Commissions (If applicable)	Reason for Leaving	

Brief Description of Duties

Employer's Name	Job Title		
Employer's Address (Street, City, State, Zip)		Duration of Employment (# of years)	

Phone Number		Supervisor's Name	
Annual Salary	Bonus/Commissions <i>(If applicable)</i>	Reason for Leaving	
Brief Description of Duties			
Employer's Name		Job Title	
Employer's Address (Street, City, State, Zip)		Duration of Employment (# of years)	
Phone Number		Supervisor's Name	
Annual Salary	Bonus/Commissions <i>(If applicable)</i>	Reason for Leaving	
Brief Description of Duties			
Please list and describe any periods of unemployment.			
<p>ADDITIONAL INFORMATION</p> <p>Summarize special job-related skills and qualifications acquired from employment or other experience.</p>			
<p>State any additional information you feel may be helpful in considering your application. Attach additional pages, if necessary.</p>			
<p>List all professional licenses you currently hold, if any (i.e., pilot's license, A&P, etc.) <i>This information will be considered only if relevant to the job for which you are applying.</i></p> <p>License: _____ License No: _____ Date of Expiration: _____</p> <p>License: _____ License No: _____ Date of Expiration: _____</p> <p>License: _____ License No: _____ Date of Expiration: _____</p>			

PROFESSIONAL REFERENCES		
Please provide at least two professional references.		
Name	Job Title & Organization	Relationship
Address (Street, City, State, Zip)		Phone Number
Name	Job Title & Organization	Relationship
Address (Street, City, State, Zip)		Phone Number
Name	Job Title & Organization	Relationship
Address (Street, City, State, Zip)		Phone Number

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the facts and responses set forth in this application, or otherwise made by me, including my resume/curriculum vitae, cover letter, and any and all other documents submitted by me in connection with my application for employment, are true, complete and accurate to the best of my knowledge and belief. I authorize the Collier Mosquito Control District (the "Employer") to investigate all statements contained in this application, or otherwise made by me, as may be necessary in arriving at an employment decision. I understand that any false statements or misleading omissions of fact made by me in this application, or otherwise, constitute sufficient cause for rejection of this application or, if employed, grounds for immediate dismissal.

I also understand that, unless otherwise defined by applicable law, this application for employment is not a contract and is not intended to confer or create contractual rights of any kind or nature. I understand that, if I am offered employment, employment will be on an at-will basis and may be terminated by me or by the Employer at any time and for any reason. No representations to the contrary have been made to me by the Employer, and I have not relied upon any representations relating to employment by the Employer.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I agree that if I ever have any legal dispute with the Employer, such dispute may be heard by a judge without a jury. I waive my right to a jury trial in any such legal dispute. I also agree not to commence any legal action against the Employer more than six months after the date that such legal action first arose. I waive my right to any longer statutes of limitations.

I understand that the Employer is subject to the requirements of the Florida Statute 119.01 and all information provided herein is public record and subject to the requirements of the statute.

Applicant's Signature	Date
X	

PRE-EMPLOYMENT DRUG SCREEN

I understand that a drug and alcohol screening will be required as a pre-condition of employment, as well as at such other times as may be required pursuant to the Employer's Substance Abuse Policy as a condition of continued employment, for all positions with the Employer. I consent to cooperate with such screening(s) if the Employer so requests.

Applicant's Signature	Date
X	

AUTHORIZATION FOR RELEASE OF INFORMATION BY THIRD PARTIES

I, _____, authorize Collier Mosquito Control District (the "Employer") to contact prior employers, educational institutions, references and other individuals and entities to make inquiries and obtain information relevant to my performance and abilities as an employee. I hereby release all such entities and individuals, as well as the Employer and its representatives, from any and all claims, including but not limited to claims of defamation, associated with the release or disclosure of such information to the Employer. I agree that a copy of this authorization and release may be accepted with the same authority as the original.

Signed: _____

Dated: _____