

## **Job Application**

**Instructions:** Type or print clearly in black or blue ink. Answer all the questions. Return within three working days... It is our policy to comply with all applicable state and federal law prohibiting discrimination in employment of race, age, color, sex, religion, national origin or other protected classification.

It is our policy to request pre-employment and/or random drug tests during employment.

## PERSONAL INFORMATION:

Name:			
Last	First	Middle	
Address:			
Street, City		State	Zip Code
Phone Number:	Cel	ll:	
•	ted of or pleaded no core explain:	•	within the last five years?
Do you have a valid Co	olorado Driver's Licens	se? Yes / No	
Drivers License Numb	er		
Authorize permission f	for AMCD to check yo	ur driving record	!? Yes / N

511 4<sup>th</sup> Street Alamosa CO, 81101. Website: mosquitobytes.org Email: <u>sarah@mosquitobytes.org</u> Phone: 719-589-5409

## **POSITION AVAILABILITY:**

E-mail:\_\_\_\_\_

Trap recovery (PT), Lab Tech (PT), Surveillance/Larvacide (FT), Fog truck driver (FT), Shop/Maintenance Assistant (PT). Position(s) Applied For: (All available positions are exposed to *Caution* labeled chemicals) Hours Available from \_\_\_\_\_\_to\_\_\_\_on days \_\_\_\_\_ What date are you available to start work? \_\_\_\_\_ Shift preferred: Part-Time / Full-Time Are you willing to work overtime as required? Yes / No Are you willing to be crossed trained in various positions? Yes / No **EDUCATION:** Name and address of School – Degree/Diploma – Graduation Date Skills & Qualifications: (skills, training, awards)\_\_\_\_\_ **EMPLOYMENT HISTORY:** (Start with present or last position) Employer:

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Address: \_\_\_\_\_\_Phone: \_\_\_\_\_

From: To: Salary: Duties/Responsibilities:

Reason for leaving:

Position Title: \_\_\_\_\_

Previous Position:	
Employer:	
Supervisor:	Phone:
E-mail:	Position Title:
From: To:	Salary:
Duties/Responsibilities:	
Reason for leaving:	
	previous employer? <u>Present / Previous / Both</u>
· ·	• •
Name/ Little	
Phone Number:	
Occupation:	
Occupation.	
Name/Title	
Address:	
Phone Number:	
Occupation:	
is true and complete. I understandiring me or for immediate term	fy that the information contained in this application nd that false information may be ground for not aination of employment at any point in the future if I eation of any or all information listed above.
Applicant's Signature:	Date:

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