

Baker Valley Vector Control District Employment Application

Please print clearly on this document - Must be at least 18 years of age at time of employment

You may reference the job description on our website, www.bvvcd.org, or by requesting a job description from Baker Valley Vector Control District.

Name _____ Date of Application ____/____/____

Address _____ City _____ State ____ Zip _____

Phone Number _____ Email Address _____

Date available for work ____/____/____

How did you learn about this Position?

Advertisement

Employment Agency

Friend/Relative

Other: _____

Are you currently employed?

Yes No

If yes, may we contact your present employer?

Yes No

Are you legally eligible for employment in this country?

Yes No

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Employment History: Starting with your last job, provide the following information.

Employer _____ Dates Employed ___/___/___ to ___/___/___

Employer Contact Information _____

Supervisors Name & Title _____

May we contact this employer? Yes No

Your Job Title _____ Reason for Leaving _____

Description of Job Duties _____

Employer _____ Dates Employed ___/___/___ to ___/___/___

Employer Contact Information _____

Supervisors Name & Title _____

May we contact this employer? Yes No

Your Job Title _____ Reason for Leaving _____

Description of Job Duties _____

Employer _____ Dates Employed ___/___/___ to ___/___/___

Employer Contact Information _____

Supervisors Name & Title _____

May we contact this employer? Yes No

Your Job Title _____ Reason for Leaving _____

Description of Job Duties _____

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Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience _____

Computer skills (check all that apply)

- Word Processing (e.g. Microsoft Word) Spreadsheet (e.g. Microsoft Excel)
- Email Tablets
- Other _____

Driving Record

Drivers License Number _____

Have you had any accidents in the last 3 years? Yes No

If yes, please provide the following information. (Attach sheet if more space is needed.)

Date of accident	Nature of accident	Injuries

Have you had any traffic convictions or forfeitures in the last 3 years? Yes No

If yes, please provide the following information. (Attach sheet if more space is needed.)

Location	Date	Charge	Penalty

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Educational Background: (starting with most recent school attended, provide the following information)

School _____

School website or contact information _____

Completed: GED High School Diploma 2-Year Degree 4-Year Degree

Post-Graduate Degree Certification Other _____

School _____

School website or contact information _____

Completed: GED High School Diploma 2-Year Degree 4-Year Degree

Post-Graduate Degree Certification Other _____

References: (List names and phone numbers of three references that are not related to you and are not previous supervisors.)

First & Last Name	Relationship to you	Phone Number

Optional attachment(s) for Employment Application

- Additional employment history and/or educational background
- Letter of recommendation
- Resume & cover letter

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Application Statement

I understand that BVVCD does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand that my driving record may be verified by computer, and that any misrepresentation will result in immediate dismissal. I understand that I may be subjected to periodic testing for drugs. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and such and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the District, as permitted by law. Furthermore, I understand that my employment is for no definite period, and may be terminated at any time for cause and with or without previous notice.

DO NOT SIGN UNTIL YOU HAVE COMPLETELY READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

Please send your completed application and any related attachments to:

Baker Valley Vector Control District
PO Box 585
Baker City, OR 97814

If you have any questions, please call us at 541-523-1151 or email us at info@bvvc.org