

Employment Application / Benton County Mosquito Control District

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

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Benton County Mosquito Control District (BCMC).

Name _____ Date of Application ____/____/____

Address _____ City, Zip _____ State _____

Primary Contact Phone # _____ Cellular; Carrier* _____ Land Line

*We ask who your cell phone carrier is so we can send texts from a computer.

If necessary, what is the best time to call/text you? _____ AM / PM

Email Address _____

Position(s) applying for:

(Number in order of preference if marking more than one.)

_____ Control Operator (Field)

_____ Surveillance Technician (Lab)

_____ Administrative Assistant (Office)

_____ Other (please print): _____

You may reference the Job Descriptions on our website, www.MosquitoControl.org, or by requesting a Job Description from Benton County Mosquito Control District.

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ Ending date for work (estimate) ____/____/____

Or, check here if available until "end of season"

- BCMC changes its start/finish times as the season progresses to try and limit time out in the heat of the day. Start times may be 8:00 AM, 7:00 AM or 6:00 AM. Standard work days are 8 hours with a 30 minute lunch.
- The standard workweek is Monday through Friday, but **overtime (evening and/or weekend)** may be required.
- The "season" can run from March to October but is highly weather and mosquito activity dependent.
- Extended periods of absence must be approved, in advance, by your Supervisor and/or the District Manager.

Are you able to meet the attendance requirements of the position? Yes No I need more information

The following question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to perform the "essential functions" of the job for which you applying (with or without reasonable accommodation)? Yes No I need more information; _____

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BCMC requires the operation of District owned vehicles. A valid driver's license is required for employment. Additionally, we require a Driver's Abstract, going back at least 3 years, to be included with your application (please view "Attachment A: Driver's Abstract Instructions" for additional information).

Driver's License Number _____ State _____

Issued Date ____/____/____ Expiration Date ____/____/____

Answering "Yes" to the following question does not constitute an automatic bar to employment.

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for BCMC? Yes No

If "Yes", please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills (check appropriate boxes; include software titles and years of experience)

Word Processing _____ Years ____ Spreadsheet _____ Years ____

Email _____ Years ____ Other _____ Years ____

Tablets (operating systems) _____ Years ____

Social Media (regularly use) _____ Years ____

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Is there any other job-related information you would like us to know or special accomplishments, awards, publications, etc.? _____

Employment History

(Starting with your most recent employer, provide the following information.)

Employer _____ Dates Employed ____/____/____ to ____/____/____

Employer Website or Contact Information _____

Immediate Supervisor's Name & Title _____

May we contact this employer? Yes No

Your job title _____ Reason for leaving _____

Describe job duties _____

Most enjoyed about job _____

Least enjoyed about job _____

Employer _____ Dates Employed ____/____/____ to ____/____/____

Employer Website or Contact Information _____

Immediate Supervisor's Name & Title _____

May we contact this employer? Yes No

Your job title _____ Reason for leaving _____

Describe job duties _____

Most enjoyed about job _____

Least enjoyed about job _____

Employer _____ Dates Employed ____/____/____ to ____/____/____

Employer Website or Contact Information _____

Immediate Supervisor's Name & Title _____

May we contact this employer? Yes No

Your job title _____ Reason for leaving _____

Describe job duties _____

Most enjoyed about job _____

Least enjoyed about job _____

Employer _____ Dates Employed ____/____/____ to ____/____/____

Employer Website or Contact Information _____

Immediate Supervisor's Name & Title _____

May we contact this employer? Yes No

Your job title _____ Reason for leaving _____

Describe job duties _____

Most enjoyed about job _____

Least enjoyed about job _____

Educational Background (Starting with your most recent school attended, provide the following information.)

School _____	Date of completion _____/_____/_____ <small>(month) (day) (year)</small>
School Website or Contact Information _____	
Completed <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
GPA or Class Rank _____ Major/Minor/Area of Focus _____	
School _____	Date of completion _____/_____/_____ <small>(month) (day) (year)</small>
School Website or Contact Information _____	
Completed <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
GPA or Class Rank _____ Major/Minor/Area of Focus _____	

References (List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, you may list school or personal references who are not related to you.)

Name	Title	Relationship to You	Telephone	Years Known

Required Attachment for Employment Application:

- Driver’s Abstract; 3-year noncommercial insurance record at a minimum.
 - This can be secured through the Licensing Department of the state that issued your license.
 - Please view “Attachment A: Driver’s Abstract Instructions” for additional information.

Optional Attachment(s) for Employment Application:

- Additional Skills/Qualifications, Employment History, and/or Educational Background that you could not fit in the provided sections. (You may list those here or attach a separate sheet.)

Applicant Statement

I certify that all information I have provided in order to apply for and secure work for the Benton County Mosquito Control District (BCMC) is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its representatives, employees or agents, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that BCMC 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.

This application will stay active for the current calendar year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of BCMC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the District Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

BCMC does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment for any protected status under applicable federal, state, or local law. BCMC likewise does not tolerate harassment. Harassment of employees is strictly prohibited. BCMC takes all complaints of harassment seriously and complaints will be investigated.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient to cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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:

Benton County Mosquito Control
Attn: Employment
4951 W. Van Giesen Street
West Richland, WA 99353

If you should have any questions, please call us at **(509) 967-2414** or email us at bcmc@MosquitoControl.org