



EDWARDS MOSQUITO ABATEMENT DISTRICT

P.O. Box 561

13099 S. Norwood Rd.

Donnelly, Idaho 38615

Primary message phone 208-325-4096

Field phone 208-315-2101

www.emad-donnelly.org

edwardsmosquitoabatement@gmail.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____		
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____		
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____		

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job Title:	_____	Starting Salary:\$	_____
Ending Salary:\$	_____		
Responsibilities:	_____		
From:	_____	To:	_____
Reason for Leaving:	_____		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job Title:	_____	Starting Salary:\$	_____
Ending Salary:\$	_____		
Responsibilities:	_____		
From:	_____	To:	_____
Reason for Leaving:	_____		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job Title:	_____	Starting Salary:\$	_____
Ending Salary:\$	_____		
Responsibilities:	_____		

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____