Albany County Weed & Pest Control District Employment Application

Position Applied for: Summer Seasonal Spray Rig Operator (Truck and ATV); including Backpack spraying noxious weeds, and/or chopping, pulling weeds, shop maintenance ect.

Personal Infor	mation		
Name			
Mailing Address			
Physical Address			
Home Phone	Cell Phone	Work Phone	
If under the age of 18, giv	ve date of birth		

_ Educational Background

Type of School	School Name City and State where located	Last year completed	Did you graduate	Major Course of Study and Degree Completed
High School				
College or Technical				
Post Graduate Courses				

Job Related Education (Additional Courses, Seminars, ect.) Briefly describe course, length and when completed:

Placement Information			
I am seeking a seasonal position YES or NO			
I am seeking temporary work until			
I am available to work over time YES or NO			
Activities to prevent me from working overtime			
Date available for work			
Do you have a Commercial Pesticide Applicator's License? YES or NO State License No Expiration Date Categories			
Do you have experience in the control of noxious weeds and handling of pesticides? YES or NO Explain			
Do you have experience or training in driving large vehicles? YES or NO			
Do you have experience in operating ATV's on right of ways or on rough terrain? YES or NO			
Explain			
Can you provide a valid drivers license? YES or NO			
An insurable driving record is required for employment.			
Are you willing to provide such a record upon request? YES or NO			
List other JOB RELATED qualifications and skills - please include skills with shop machinery.			

References: List two personal references who are not relatives or former supervisors.

Name	Address /Phone No.	Occupation	Years Known

Previous Employment List jobs starting with current or most recent position.

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Employer	Phone Number			
Address		State	Zip	
May we contact? YES or NO				
Date Hired	Date Terminated	Supervisor		
Your Title				
Hours per week	Final Salary	Hourly Bimonthly Month	ly Yearly (Circle)	
Hours per week Final Salary Hourly Bimonthly Monthly Yearly (Circle) Description of duties				

Employer	Phone Number			
Address	City	State	_ Zip	
May we contact? YES or NO				
Date Hired	Date Terminated	Supervisor		
Your Title				
Hours per week	Final Salary _	Hourly Bimonthly Monthly	Yearly (Circle)	
Description of duties				
Reason for leaving?				

Previous Employment Cont.

Employer	Phone Numbe	Phone Number		
Address	City		State	Zip
May we contact? YES or NO				
Date Hired	Date Terminated	5	Supervisor	
Your Title				
Hours per week	Final Salary	H	ourly Bimonthly Monthly	Yearly (Circle)
Description of duties				
Reason for leaving?				

* Notice: Successful applicants will be required to show proof that they are eligible to work in the United States under U.S. Immigration Law

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or falsification may result in removal from employment consideration or dismissal. I give the district and its authorized agents permission to verify any job related information given in connection with this application.

Signature of Applicant:

Date: