



Application for Employment

District Manager Position

Camano Island Mosquito Control District

The Camano Island Mosquito Control District complies with all Federal and Washington State rules and regulations and does not discriminate based on race, creed, color, national origin, gender, sexual orientation, marital status, age, or disability.

Personal Information

Date _____

Last Name _____ First Name _____

Middle Initial _____

Street Address _____

City _____ State _____ Zip _____ Home phone: () _____

Mobile phone () _____ Social Security Number _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

Employment History (Start with most recent employer)

Company Name _____ Address _____

Telephone _____

Position _____

Date Started _____ Date Ended _____

Ending Position _____

Name of Supervisor _____

Responsibilities _____



Reason for leaving. _____

Company Name _____ **Address** _____ **Telephone** _____

Position _____

Date Started _____ Date Ended _____

Ending Position _____

Name of Supervisor _____

Responsibilities _____

Reason for leaving. _____

Do you have experience in the following areas?

Please explain the extent of your experience or familiarity.

Microsoft Office applications; Yes ___ No ___

Intuit QuickBooks; Yes ___ No ___

Frontier Precision FieldSeeker GIS Mosquito Software; Yes ___ No ___

Washington State Employment Laws; Yes ___ No ___

Washington State Open Public Meetings Act and Open Public Document requirements;

Yes ___ No ___

Budget development; Yes ___ No ___

Licenses and Endorsements

These are required to have or obtain for this position.

- Washington State Pesticide applicator License. Yes ___ No ___ I will obtain this within 45 days of hire.
- Washington State Driver's license. Yes ___ No ___
- Part 107 Drone Pilot certification. Yes ___ No ___ I will obtain this within 45 days of hire.



Additional Information (Examples include classes, certificates, current licenses, specific equipment, and other skills that could help qualify you for this position.)

References (Preferably persons who know about your work/training.)

Name	Address	Phone Number
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment is “at will,” which means that either I or the Camano Island Mosquito Control District can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature: _____ **Date:** _____