Cajun Mosquito Control, L.L.C. Employment Application Instructions

The following information is an effort to help you avoid the most common mistakes. Please read these instructions carefully before submitting your employment application. Any misrepresentation in this application and/or attachments may cause your application to be rejected, your name to be removed from the eligible register and/or subject you to dismissal.

GENERAL INFORMATION

- Type or print applications in blue or black ink.
- Application materials must be received by the announced deadline.
- Remember to sign and date your employment application and submit your driver's license and SS Card.
- A separate employment application is required for each job title for which you are applying.
- Applicants should provide accurate and complete application information regarding employment, education, criminal history, etc.
- Criminal record checks will be run on all applicants not currently employed with Cajun Mosquito Control, L.L.C.,
 as well as those employees with less then six months of service. These record checks will be run prior to
 candidates being eligible for interview.
- The following information is required for criminal record checks to be run: SSNO, birth date, driver's license and state in which it was issued, city and state of every employer.
- Copies of applications are encouraged as long as each copy is complete, legible and signed.
- Applications written in pencil or copies that are too light or damaged (bent, rolled, stained, etc.) are not acceptable.
- Once submitted, your application and attachments will not be returned, reused or copied for you.

> EDUCATION RELATED INFORMATION

Educational requirements are met only through accredited institutions. The institutions must be accredited by an agency recognized by the United States Department of Education. Foreign degrees must be converted.

In order for education points to be credited, <u>original</u> education, certification and similar documents are required with employment applications. It is best to provide original transcripts in case specific courses are needed. It is also beneficial to bring certificates and diplomas for short courses completed, such as software, leadership courses, etc.

Not submitting original education, certification and similar documents at the time of admittance will result in a lower grade and **your name will not be certified** if the appointing authority specifically requests a degree or certification As you renew licenses and certifications, please bring in your new documents for us to copy.

If your college diploma does not specify what your major field of study was, please submit an official transcript. Education points may be awarded, in many cases, only if the specific degree is indicated.

It is best to include all levels of higher education documentation.

Even if you did not complete college, it is still beneficial to submit an official transcript of completed courses because partial credit may be awarded.

If you are applying for a position that requires a college degree and you either did not complete college, or completed but not in the required field, you must list your major undergraduate subjects and credit hours to be considered for admitting.

> EMPLOYMENT RELATED

Work history information is used to determine whether you qualify for the job for which you are applying.

List all periods of employment, beginning with your present or most recent employer and working back.

Title of position held should be your official title and not a working title or multiple titles.

It is especially important that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each job listed. If the hours varied, list a range such as "5-15" hours, or "20-40" hours. If you often worked overtime, "40+" is acceptable in the hours box.

If you held different jobs while working for the same employer (e.g. promotions), treat each change as a separate job using separate blocks and giving specific information for each change.

Also, describe in <u>detail</u> the specific duties beginning with your primary duties. Job descriptions should include types of software used, specific equipment operated, customer service specifics and other such details. Preprinted job descriptions are not accepted in place of description of duties on the application form since they do not necessarily reflect your particular position.

Where you have held supervisory positions, titles of people supervised, not just the number of people, should be indicated.

For volunteer work, complete all applicable information and submit a letter on the organization's letterhead specifying the nature of the work, average number of hours worked per week and the beginning and ending dates.

Check your starting and ending dates for feasibility. Look for errors such as employed from 2/6/87-1/4/82 or a date of 14/2/93, or 6/8/19.

Please do not use abbreviations, initials or military jargon when describing your duties or listing your job title.

Include specific details such as software used, equipment operated, types of records maintained, etc.

If you cannot fit all the jobs you have held on this application form, ask for supplemental sheets for listing additional jobs (or copy any blank job page).

> POSITIONS AVAILABLE

Entomologist Biologist Experienced Mosquito Personnel

Persons with Louisiana Department of Agriculture & Forestry licensing in Commercial Mosquito Control will also add to applicant's score.

Please retain this original application and bring it and all supporting documents with you if you are called for an interview.

Cajun Mosquito Control, L.L.C. is an Equal Opportunity Employer

FAX all applications to Cajun Mosquito Control, L.L.C. at 337-365-7989

Revised 01/16



1819 E Main Street / New Iberia, LA / 70560 Phone: 337-365-7988 / FAX: 337-365-7989 Web Address: www.cajunmosquitocontrol.com

**	** Please	read empl	oyment a	applic	ation inst	ruct	ions before compl	eting	g this form ***
POSITION FOR YOU ARE APP									
Check all that	you may be	interested in:	Fu	ll-Time	: 🗌	P	art-time		
Last Name First Name									Middle Initial
Mailing Address City								Parish	
State	State Zip Cell Telephone No. Home Telephone No. Business Phone No. E-								I Iail Address
Driver's License # State Expiration Date Operators (Private Vehicle)								e)	License Class
(Please Include Copy of License) CDL (copy needed of license & medical card)								Endorsement	
Are you 18 years		☐ Yes ☐ No							
	viction is not	an automatic b		yment. E	Each case is co	nside	yes, please complete the red on its individual merits e of Conviction).	(Inaccurate information here will result in disqualification.) Yes No
	educational o		records four	nd under	a different las	t nan	e? If yes, please give the la	ast	☐ Yes ☐ No
Are you currently employed by Cajun Mosquito Control, L.L.C.? If yes, please give: Position									☐ Yes ☐ No
Are you a former employee of the Cajun Mosquito Control, L.L.C.? If yes please give: **Last Date(s) of Employment Position**									☐ Yes ☐ No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> Date and Reason									☐ Yes ☐ No
Do you have any	ing:								
(Continue listing relatives on a separate page if necessary) Name Relationship Department									Yes No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.									☐ Yes ☐ No
Do you now hold or are you a candidate for an elective public office?									☐ Yes ☐ No
References									For Office Use Only: Date and Time Received
Name Telephone Number								Bute and Time Received	
									Accepted by: [
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EDUCATION AND TRAINING									
ELEMENTARY AND HIGH SCHOOL EDUCATION									
Highest Grade Completed (choose one) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Did you graduate from High School a GED? YES			l or obtain NO	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: Location:				
Indicate the number of courses completed	ıbject:	tomology			Bookkee	ping			
•		emistry Similar Fields Other							
RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)									
Names and Locations of School	Dates Attended			S/Subjects Completed Cred			1		
COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE) **Must be from a recognized accredited school - Provide original transcript with initial application**									
Names and Locations of School(s)	Dates Attended (Mo & Yr) From To		Credi	t Hours OR Quarter	Type of Degree Earned (e.g.BA/BS)		Major	Minor	
Major Undavanaduata		Credit	Hours	Major	Craduata		Credi	t Hours	
Major <u>Undergraduate</u> College Subjects	Semester OR Quarter			Major <u>Graduate</u> College Subjects			Semester OR Quarter		
	Semester OR Quarter						Semester	Quarter Quarter	
RELATED LICENSES (provide current original)									
Professional License Issued By	Field	l/Trade S	pecialization	License Number			Issue Date	Expiration Date	
CEILIC									
SKILLS Access Excel Lotus Other software Languages spoken and									
written FLUENTLY PowerPoint Word WordPerfect								LUENTLY	
Also include specific software experience in your job descriptions.									

EMPLOYMENT HISTORY									
May we contact your present employer? YES NO									
Starting Date month / day / year Ending Date month / day / year Employer/Company Name and address (city and state are required)									
Paid	Work Volunteer	Hours per V	Week 1	Name & Title of Immediate Supervisor Telephone Number					
Reason fo	Reason for Leaving								
Title of Position Held Number & Job Title of Employees you Supervised									
Describe job responsibilities in order of importance:									
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2	Starting Date month / day / year	Ending Date month / day / ye		Employer/Comp	any Name and address (city an	d state are required)			
Paid	Work Volunteer	Hours per V	Week 1	Name & Title of	Immediate Supervisor	Telephone Number			
Reason for Leaving									
Title of Position Held Number & Job Title of Employees you Supervised									
Describe job responsibilities in order of importance:									

Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)							
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Reason for Leaving									
Title of Position Held Number & Job Title of Employees you Supervised									
Describe job responsibilities in order of importance:									
	CONDITIONS	S OF EMPLOY	MENT STATEM	ENT					
I declare that my answers to the questions on this application are true and give Cajun Mosquito Control, L.L.C. the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Cajun Mosquito Control, L.L.C. by schools and other education institutions that I have attended.									
I understand that providing a copy of my current valid driver's license, front and back, is a condition of employment at Cajun Mosquito Control, L.L.C. and failure to provide it with this application may render this application void, and if I am employed, would be cause for my termination.									
I understand that the completion of this application does not assure me of a position with Cajun Mosquito Control, L.L.C. and does not obligate Cajun Mosquito Control, L.L.C. to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal. Candidates selected for hire must pass a pre-employment physical and pre-employment and random alcohol and drug screens prior to and during employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. Cajun Mosquito Control, L.L.C. is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act. I understand that this application and attachments will become a part of Cajun Mosquito Control, L.L.C. records and will not be returned, reused or									
copied for me once submitted. I am also aware that my application is subject to the Louisiana open records law and may be released as a public document.									
By my signature, I certify, authorize and acknowledge the above statements.									
Signature Date Social Security Number (Unsigned applications will not be considered)									