



SOUTH COOK COUNTY MOSQUITO ABATEMENT DISTRICT

JOB TITLE:

Seasonal Laboratory Assistant

EMPLOYEE CLASSIFICATION:

Seasonal

DEPARTMENT:

Operations

General Job Function

Under the supervision of the Biologist, the seasonal laboratory assistance sets up and collects mosquito traps for both nuisance and vector mosquitoes in a safe, effective and systematic manner, using prescribed techniques.

KEY RESPONSIBILITIES

- Answers service requests and taking what actions are needed to solve the mosquito problem
- Sets out and collects mosquito traps located throughout the district
- Answers the phone and truck radios as needed
- Applies the prescribed insecticides at the designated dosage rates with truck-mounted or portable spray equipment
- At the discretion of the General Manager, may be required to work extra hours on weekdays and/or holidays at the over-time pay rate of time and a half.
- Performs all tasks assigned to him/her by their supervisory personnel

EXPERIENCE/ABILITIES/SKILLS

- Must be in good general health and have good eye sight
- Must be able to pass a physical exam
- Must be able to carry out strenuous activity on a daily basis
- Upon receipt of training, be able to identify important mosquito larvae and adults in order to take corrective action
- Upon completion of training, have a thorough working knowledge of the vehicles, spray equipment and chemicals
- Upon completion of training, have thorough working knowledge of safety rules for operation and use of the same
- Must have the ability to pass all required pesticide license exams deemed necessary from the Illinois Department of Agriculture
- Work involves the ability to consistently walk safely through grassy field areas that are uneven and marshy while in adverse weather conditions
- Physically able to sit, walk, bend and stair climb frequently
- Physical agility and body strength to lift objects weighing up to 50 lbs.



SOUTH COOK COUNTY MOSQUITO ABATEMENT DISTRICT

JOB TITLE:

Seasonal Field Operator

EMPLOYEE CLASSIFICATION:

Seasonal

DEPARTMENT:

Operations

General Job Function

Under the supervision of the Division Supervisor, the field operator inspects and abates nuisance and vector mosquito in a safe, effective and systematic manner, using prescribes techniques

KEY RESPONSIBILITIES

- Routinely inspects all known or suspected mosquito production sites in his/her assigned area.
- Applies the prescribed insecticides at designated dosage rates with truck mounted or portable spray equipment
- Prepares and submits daily work sheets and maintains operator's log, vehicle and equipment reports, etc.
- At the discretion of the General Manager, works extra hours on weekdays, weekends, or holidays at over-time pay rate of time and a half.
- Any all duties as assigned by supervisory staff.

EXPERIENCE/ABILITIES/SKILLS

- Must be in good general health and have good eye sight
- Must be able to pass a physical exam
- Must be able to carry out strenuous activity daily
- Upon receipt of training, can identify important mosquito larvae and adults to take corrective action
- Upon completion of training, have a thorough working knowledge of the vehicles, spray equipment and chemicals
- Upon completion of training, have thorough working knowledge of safety rules for operation and use of the same
- Must have the ability to pass all required pesticide license exams deemed necessary from the Illinois Department of Agriculture
- Must be able to consistently walk safely through grassy field areas that are uneven and marshy while in adverse weather conditions
- Physical agility and body strength to lift objects weighing up to 50 lbs.
- Physically able to sit, stand, walk, bend and stair climb frequently

THE SOUTH COOK COUNTY MOSQUITO ABATEMENT DISTRICT

15500 DIXIE HIGHWAY (P.O. BOX 1030) HARVEY, ILLINOIS 60426-7030

PHONE 708-333-4120
EMAIL info@sccmad.org

FAX 708-333-0306
WEBSITE www.sccmad.org

BOARD OF TRUSTEES
CHARLES GIVINES, Harvey
DR. LYNETTE STOKES, South Holland
DR. RAY WARNER, Sauk Village

BUSINESS MANAGER
NIKKI CODY

OPERATIONS SUPERINTENDENT
JANET ROGERS

LIST OF EMPLOYMENT REQUIREMENTS

1. **Except for clerical positions, you must be 18 years old and have a valid driver's license. If accepted for employment, you must have a clean driving record and supply us with a driving profile from the Illinois Secretary of State. A Clean Driving record is described as follows:**
 - a. **No violations or accidents in the past year and not more than 2 violations or accidents in the past three years.**
 - b. **We cannot consider you for a driving position if you have had a D.U.I. conviction.**
2. **You are required to pass a physical exam and a drug screen.**
3. **When completing the application, give complete addresses for previous employers and personal references.**
4. **For field operator and/laboratory assistant positions, you will be required to take and pass the State of Illinois Pesticide Exam. Study materials will be provided.**

Application for Employment

Please Print

South Cook Mosquito Abatement Dist.
15500 Dixie Highway, PO Box 1030
Harvey, IL 60426
(708) 333-4120

Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, citizenship status, color, physical or mental disability, genetic information, marital status, military status, national origin, race, religion, sex (including pregnancy), sexual orientation, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____ AM
PM
 Home Cellular/Other

May we contact you at work? Yes No
If yes, work number and best time to call:
() : _____ AM
PM

If you are under 18 and it is required,
can you furnish a work permit? N/A Yes No
If no, please explain: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No
If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment
following an extended military leave of absence
from this company? Yes No
If yes, additional information may be requested.

Are you lawfully authorized to work in the
United States? Yes No

Date available for work _____/_____/_____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This 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.

Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying: _____ State _____

Have you ever been bonded? Yes No

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 our company? Yes No

If yes, please explain: _____

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

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

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing _____ Level: _____ Internet _____ Level: _____
 Spreadsheet _____ Level: _____ Other _____ Level: _____
 Presentation _____ Level: _____ Other _____ Level: _____
 E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

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, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Personal References
The South Cook County Mosquito Abatement District



List name and telephone number of three business/work references that are not related to you. If not applicable, list three school or personal references that are not related to you.

_____	_____	_____
Name	Address	City/State/Zip Code
_____	_____	_____
Phone Number	Relationship	# of Years Known

_____	_____	_____
Name	Address	City/State/Zip Code
_____	_____	_____
Phone Number	Relationship	# of Years Known

_____	_____	_____
Name	Address	City/State/Zip Code
_____	_____	_____
Phone Number	Relationship	# of Years Known

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To Whom It May Concern:

I have applied for employment with The South Cook County Mosquito Abatement District and have listed you as my previous employer. I give my permission to release the information request on the enclosed form.

Thank you for your assistance.

Sincerely,

(Print Name)

(Signature)

(Date)

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Required Certifications: (FAILURE to check one of the boxes below may result in the application not being processed)

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following: "I hereby, under the penalty of perjury, that (Please only check one of the following)
 - I am not subject to a child support order"
 - I am not more than 30 days delinquent in complying with a child support order"
 - I am more than 30 days delinquent in complying with a child support order"

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

2. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

(Signature)

(Date)