



EMPLOYMENT APPLICATION

- Illegible, false or deceptive answers or omission of requested information may cause application rejection, removal from eligibility lists, or dismissal.
- Top candidates may be subject to background check.
- If you require an accommodation to participate in the application process, call 805-969-5050.
- Appointee will be required to pass a post-offer pre-employment medical evaluation, including a drug test.

Submit your completed, signed, and dated application to:

gm@mvmddistrict.org or Mosquito and Vector Management District of Santa Barbara County
 PO Box 1389
 Summerland CA 93067

This is an application for the MVMDSBC's Operations Manager Biologist job.

Please complete all sections.

Applicant Contact Information

Name: (last, first, middle)

Address: (street, city, state, zip)

Phone:

Email:

Driver's License: (number, expiration date, issuing state)

Educational and Professional Qualifications:

Did you graduate from high school? Yes No

If you did not graduate from high school, do you possess a General Education Diploma (G.E.D.) Yes No

List your college/university or post-secondary school education and conferred degrees. Enter quarter or semester units completed if a degree was not conferred:

College, University or School Name	Major Subject	Degree Conferred /Units Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licenses and Certificates: (excluding driver's license)

Description	Issued By	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The interview process will include a written exam, completed on a computer and/or on paper, at our office. To assist in scheduling. . . **Will you be able to complete the exam on our computer?** Yes No

Employment History: Resumes are accepted but not in lieu of a completed application. Indicate job titles, briefly describe the duties, the periods of employment, whether the jobs were supervisory or management and, if applicable, the number of employees supervised. Attach additional sheets if necessary. List your employment history in reverse chronological order.

1. Employer name:

May we contact this employer? Yes No Post-offer

Address: (street, city, state, zip)

Phone:

Jobs: (Enter titles and a brief description of duties)
List in reverse chronological order:

	Beginning (mm/yy)	Ending (mm/yy)	Supervisory Management?	Number of Employees?
a.	From:	To:	Yes No	
b.	From:	To:	Yes No	
c.	From:	To:	Yes No	

Reason for leaving:

2. Employer name:

May we contact this employer? Yes No Post-offer

Address: (street, city, state, zip)

Phone:

Jobs: (Enter titles and a brief description of duties)
List in reverse chronological order:

	Beginning (mm/yy)	Ending (mm/yy)	Supervisory Management?	Number of Employees?
a.	From:	To:	Yes No	
b.	From:	To:	Yes No	
c.	From:	To:	Yes No	

Reason for leaving:

3. Employer name:

May we contact this employer? Yes No Post-offer

Address: (street, city, state, zip)

Phone:

Jobs: (Enter titles and a brief description of duties)
List in reverse chronological order:

	Beginning (mm/yy)	Ending (mm/yy)	Supervisory Management?	Number of Employees?
a.	From:	To:	Yes No	
b.	From:	To:	Yes No	
c.	From:	To:	Yes No	

Reason for leaving:

Additional Qualifications: (You may add qualifications, if needed to meet the minimum qualifications for the position.)

Additional questions:

1. Can you perform the job functions listed in the job announcement with or without any reasonable accommodation? Yes No

2. Were you ever discharged, including discharge during probation, or have you ever been requested to resign or resigned under unfavorable circumstances from any employment? Yes No If "Yes," please explain:

3. If offered employment, can you provide proof of eligibility to work in the United States? Yes No

4. May the Mosquito and Vector Management District of Santa Barbara County contact your past employers for references? Yes No Post-offer. If "Yes," or "Post-offer," then sign below to certify that, *I authorize the Mosquito and Vector Management District of Santa Barbara County to obtain employment information from any previous employer. A photostatic copy of this authorization will be considered to be as valid as the original.*

Signature

Date Signed

5. May the Mosquito and Vector Management District of Santa Barbara County contact your current employer for references? Yes No Post-offer. If "Yes," or "Post-offer," then sign below to certify that, *I authorize the Mosquito and Vector Management District of Santa Barbara County to obtain employment information from my current employer. A photostatic copy of this authorization will be considered to be as valid as the original.*

Signature

Date Signed

Notice to Job Applicants

The Mosquito and Vector Management District of Santa Barbara County (MVMDSBC) is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, national origin, ancestry, sex, marital status, physical or mental disability, medical condition, religious creed or political affiliation, age (over 40), gender, gender identity, gender expression, genetic information, military or veteran status or sexual orientation.

In compliance with the Immigration Reform and Control Act of 1986, the MVMDSBC requires all new employees to show proof of their identity and legal right to work in the United States. All job offers made by the MVMDSBC are contingent upon establishing proof of your legal right to work in the United States.

The MVMDSBC encourages applications from qualified individuals with disabilities as defined by the Americans with Disabilities Act and the Fair Employment and Housing Act. Individuals who will require a reasonable accommodation to take a test as part of the selection process must make such a request when submitting the application. Applicants with disabilities that affect sensory, manual or speaking skills may be provided with a test in a format that does not require the use of the impaired skill. Persons requesting reasonable accommodation will be required to provide documentation of such need.

Applicants are required to pass a drug screen, job-related physical and background investigation, including criminal history, prior to final appointment. The drug and medical exams are administered by an MVMDSBC selected physician at no cost to the applicant.

Certification, Authorization and Release of Liabilities

I, _____ hereby declare as follows,
(print name)

In connection with my application for employment with the Mosquito and Vector Management District of Santa Barbara County (MVMSDBC), I understand that a background check that may contain public record information may be requested and obtained by the Mosquito and Vector Management District of Santa Barbara County.

If a background check is requested you will be provided with a statement of disclosure regarding the background investigation, and a summary of your rights under the Fair Credit Reporting Act; and you will be requested to acknowledge and authorize the background check.

I acknowledge and agree that this release applies to all claims for injuries, damages, or losses, whether known or unknown, foreseen or unforeseen, and I hereby waive application of California Civil Code Section 1542, which provides as follows:

A general release does not extend to claims, which the creditor does not know or suspect to exist in is favor at the time of executing the release, which, if known by him must have materially affected his settlement with the debtor.

I understand and acknowledge that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I should eventually suffer damages as a result of the activities described in this release and authorization of the background check, I will not be able to make any claim for those damages.

I further agree to provide records and information that may be requested by the MVMSDBC or NationSearch, in connection with the background check, including but not limited to employment records in my possession to support previous work history.

I hereby certify that the information entered by me on this application is true, correct, and complete to the best of my knowledge. I understand that false or deceptive statements or omissions in my application may result in (i) the termination of my application if it is still in the review stage, (ii) the revocation of any job offer I may receive, and/or (iii) the termination of my employment if discovered after an offer of employment has been made and accepted.

I understand and agree to take a post-offer pre-employment medical examination through the MVMSDBC's physician, at the MVMSDBC's expense. Examination will include a drug test. Hiring decisions may be based on the results of this drug test. Failure to submit to this drug test absent prior arrangement with the MVMSDBC and the designated professional performing the drug test, will result in rejection of the application for employment.

I agree to sign a release authorizing the physician/professional performing the drug test to release the results (positive/negative reading) of said drug test to the MVMSDBC.

If accepted for employment, I understand that I must submit verification of my legal identity and right to work in the United States.

I authorize the MVMSDBC to obtain summary criminal information in accordance with Penal Code Sections 11105(b) and 133300(b) after a conditional offer of employment and prior to final appointment. If summary criminal information is requested I understand that I will be finger-printed by local law enforcement, at no cost to the applicant, prior to final appointment. A criminal record does not constitute an automatic ban to employment, but will be considered in terms of the work to be performed.

The MVMSDBC participates in the DMV's Driver Record Information Service, which automatically notifies the MVMSDBC of all events connected with my driver's license. If offered conditional employment, I understand that I may be requested to provide the District with an original current driving record from the DMV.

I acknowledge that a facsimile, photostatic, or photographic copy of this signed statement shall be as valid as the original.

Signature

Date Signed

For Office Use:

Date received: _____ Accepted / Contacted for interview: _____