

SAN GABRIEL VALLEY MOSQUITO & VECTOR CONTROL DISTRICT

INFORMATION SHEET

Please read carefully before completing application

1. **COMPLETING THE APPLICATION**

- a. Applications are the initial step of the examination process, and must be complete and correct or they will be disqualified. Attach additional sheets if necessary.
- b. Resumes are not accepted in lieu of a completed application, but may be attached.
- c. If a question does not apply to you, write N/A.
- d. Application must include a **current DMV**. Documents submitted with this application are not returned.
- e. Avoid any reference to religion, politics, race, sex, or other traits that are unrelated to the job.
- f. Your social security number must be included.
- g. A written examination will be given to qualified applicants prior to the oral interview.

2. **REQUIREMENTS FOR THE POSITION**

- a. The requirements for each position are listed in the employment announcement. Your application will be accepted only if it clearly shows you meet the minimum requirements. The information you give will be reviewed and verified.
- b. You must be at least 18 years and not yet 70 years of age at time of appointment unless other age limits are stated on the examination announcement. The Federal Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination on the basis of age for individuals who are at least 40 but less than 70.
- c. Applicants will be appointed after the District conducts a thorough background investigation and verifies applicants are US citizens or are legally authorized to work, and successfully complete a post-offer physical examination, drug screen, and bee and wasp allergy analysis.

3. **DEADLINE FOR FILING THE APPLICATION BY MAIL**

Applications will be accepted until position is filled.

4. **CHANGE OF NAME OR ADDRESS**

Report any change of name or address immediately in writing. Include your social security number, former name and address, your new name or address and the title of the examination which you have applied.

5. **ADDITIONAL INFORMATION FOR QUESTIONS 14 AND 15**

If you answered "YES" to questions 14 and/or 15 of the official application, please attach an additional sheet with an explanation.

6. **RECORD OF CONVICTIONS**

Your full disclosure is advantageous and your record does not automatically disqualify you from employment. Factors such as age at time of offense(s), recency of offense(s), the relationship between the offense(s), and the job(s) you apply for will be taken into account.

COMPLETE THE FOLLOWING SECTION ONLY IF YOU ANSWERED "YES" TO QUESTION 16 ON THE OFFICIAL APPLICATION.

Last Name	First	Middle	Date of Birth
Other Names Used _____			
Exam Title _____			S.S.N. _____
Offense _____			Date _____
Place _____		Sentence/Fine _____	
Offense _____			Date _____
Place _____		Sentence/Fine _____	

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant _____ Date _____

**SAN GABRIEL VALLEY
MOSQUITO & VECTOR CONTROL DISTRICT**

EMPLOYMENT APPLICATION

Return to: San Gabriel Valley MVCD, 1145 N. Azusa Canyon Rd., West Covina, CA 91790 (626) 814-9466

READ THE ATTACHED INFORMATION CAREFULLY. Type or print clearly in ink. Fill out form completely. Sign on back.

1. Job Title _____

2. First Name _____ Middle _____ Last Name _____ 3. Social Security No. _____

4. Street Address _____ 5. Phone No. (Home) _____

City _____ State _____ Zip Code _____ 6. Phone No. (Business) _____

7. Do you speak read write any languages other than English? YES NO
(If "YES", indicate languages.) A _____ B _____ C _____

8. Type of work schedule you will accept:
A. Daytime B. Swing, 3:00 pm - 11:00 pm C. Night, 11:00 pm - 7:00 am
D. Rotating Shifts E. Any schedule

9. Indicate the type of appointment(s) you will accept:
A. Regular Full-time B. Regular Part-time C. Limited Term D. Recurrent (Extra Help)

ADDITIONAL INFORMATION

10. Do you have a valid driver's license? YES NO
State Issuing _____ Lic. No. _____ Exp. Date _____

11. Are you between 18 and 70? YES NO

12. To qualify for employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either (a) or (b) describe your status as a resident of this country? YES NO

13. Are you related to a SGVMVCD employee or Trustee? YES NO

14. Are you **unable** to perform the duties of the position for which you are applying? YES NO

15. Have you ever been discharged or forced/asked to resign? YES NO

16. Have you ever been convicted, fined, (excluding minor traffic offenses), placed on probation or given a suspended sentence in any court? YES NO

IF YOU ANSWERED "YES" TO QUESTIONS 14-15, PLEASE ATTACH EXPLANATION.

IF YOU ANSWERED "YES" TO QUESTION 16, PLEASE EXPLAIN ON ATTACHED "INFORMATION SHEET."

EDUCATION AND TRAINING

Circle highest grade completed. High School 9 10 11 12 Did you receive a high school diploma? YES NO GED

Name and location of high school _____

List courses that you have completed that demonstrate your qualifications for this job. Start with **most recent** education. If no college degree was awarded, indicate units completed. Coursework/degrees will be verified for positions with specific education requirements. Attach an additional sheet if necessary to list all courses completed.

Dates Attended		School	Location	Type of Program or Major	Degree/Certificate or Units	Date Graduated
From	To					

Professional or Technical Licenses or Certificates	State Issuing	Date Issued	Expiration Date

EXPERIENCE

List all positions you have held in the last 10 years, including volunteer, part-time, military, summer positions, and periods of unemployment, etc. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. List each change of title or promotion separately. Resumes will not be accepted in lieu of COMPLETE ANSWERS. Start with your *most recent position*. Attach additional sheets as necessary.

Payroll Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Salary
Employer	Duties				
Employer's Address					
City					
Supervisor's Name & Title					
Supervisors' Telephone	May we contact?	Reason for leaving			
Payroll Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Salary
Employer	Duties				
Employer's Address					
City					
Supervisor's Name & Title					
Supervisors' Telephone	May we contact?	Reason for leaving			
Payroll Title	From	To	Total Mos. Worked	Hrs. per Week	Mo. Salary
Employer	Duties				
Employer's Address					
City					
Supervisor's Name & Title					
Supervisors' Telephone	May we contact?	Reason for leaving			

AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in the application and any attachments are true and complete and I recognize that all matters may be investigated. I agree and understand that any facts that are misrepresented or omitted may cause the rejection of my application, refusal of employment, removal of my name from an eligibility list, and/or dismissal from employment with the District. I agree to undergo a post-offer physical examination, drug screen and bee and wasp allergy analysis by the District-appointed physician and fully understand that employment is contingent upon meeting the District's physical requirements. I further agree to be fingerprinted and to furnish proof of age and citizenship if directed. I also authorize the employers, schools, and persons named above to provide any additional information regarding my qualifications and character.

Signature: X Date: _____ ver 4/05/2002