



**SAN MATEO COUNTY  
MOSQUITO & VECTOR  
CONTROL DISTRICT**

*Protecting public health since 1916*

1351 Rollins Rd  
Burlingame CA 94010  
(650) 344-8592 • Fax (650) 344-3843  
www.smcmvcd.org

**EMPLOYMENT APPLICATION**

District Use Only

Received On: \_\_\_\_\_

Interviewed On: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**INSTRUCTIONS:** Answer all questions using dark ink.

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Daytime Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

4. Do you possess a valid California driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ (If under 18 a work permit is required by state/federal law)

6. If you are not a U.S. Citizen, do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Have you ever served in the military service of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which branch? \_\_\_\_\_

8. List areas of special interest or abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Begin with your present job and list in reverse order. Include self-employment or any periods of unemployment in excess of one month. List any promotions as a separate job.

Dates Employed	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
		Supervisor Name/Title:
		Reason for leaving:

Dates Employed	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
		Supervisor Name/Title:
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Dates Employed	Job Title:	Name of Employer:
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Dates Employed	Job Title:	Name of Employer:
From:	Duties/Responsibilities:	Address:
To:		Phone:
		Supervisor Name/Title:
		Reason for leaving:

State any additional information you feel may be helpful in considering your application:

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**Please read carefully, initial each paragraph and sign below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed.

\_\_\_\_\_ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment.

\_\_\_\_\_ I hereby authorize the District to allow potential screening, procedures and/or the procurement and investigation of records including but not limited to the categories of immigration status, military discharge, criminal record, drug testing (mandatory for safety-sensitive positions such as jobs requiring driving a motor vehicle or operating machinery), physical exams, fingerprinting, department of motor vehicle records, educational transcripts and credit history for positions in the Finance Department. Any additional areas of screening and investigation that may become necessary must be disclosed by the District and agreed to by the candidate in writing. Refusal by me to allow any screening or investigation required by the District in accordance with this policy shall constitute a basis to discontinue the employment application process.

\_\_\_\_\_ I understand that nothing in the application, or conveyed during any interview for employment, or conveyed at any time during my employment, if hired, is intended to create an employment contract between the District and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the District, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's authorized representative.

I understand and agree that my employment with the San Mateo County MVCD is for no specific period of time and may be terminated by either party.

I certify that the information contained in this application and any attachments I provide is correct and complete to the best of my knowledge. I agree to have any of the statements checked by the company. I authorize my references and supervisors, past and present, to provide information concerning my employment history. I release all parties from any and all liability for damages that may result from furnishing such information, as well as from the use of or disclosure of such information by the District or its agents. I understand that any misrepresentations or material omissions may result in my failure to receive an offer or, if I am hired, in my dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised: July 19, 2021

Reviewed by Legal Counsel: July 16, 2021