



San Mateo County
Mosquito and Vector Control District
1351 Rollins Rd
Burlingame CA 94010
(650) 344-8592 Fax (650) 344-3843
www.smcmad.org

EMPLOYMENT APPLICATION

District Use Only

Received On: _____

Interviewed On: _____

Position Applied For: _____

INSTRUCTIONS: Answer all questions using dark ink or typewriter only. Any false or misleading statements knowingly made by you in this application will result in the forfeiture of all rights to employment in the service of the San Mateo County Mosquito and Vector Control District. If hired, a physical examination may be required.

1. Name: (First Middle Last) _____ Date: _____

2. Street Address: _____ City: _____ State: _____ Zip: _____

3. Home Telephone: () _____ Cell/Other Telephone: () _____

4. Social Security #: _____

5. Do you possess a valid California driver's license: Yes _____ No _____

Driver's License Number: _____ Expiration Date: _____

6. Are you a U.S Citizen? Yes _____ No _____ 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 _____ Branch? _____

8. List any known allergies (e.g. bees, insecticides, oils, poison oak, etc): _____

9. Have you ever been convicted of a felony: Yes _____ No _____ If yes, explain: _____

A yes answer does not automatically disqualify applicant

10. 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:
Salary: _____ per		Supervisor Name/Title:
		Reason for leaving:

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

Describe any aspects of your experience or activities that are particularly appropriate for the position for which you are applying:

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 understand that nothing in the application, or conveyed during my interview which may be granted or during my employment, if hired, is intended to create an employment contract between the District and I. 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 designated representation.

Date: _____ Applicant's Signature: _____