



EMPLOYMENT APPLICATION

- Illegible, false, or deceptive answers or omission of requested information may cause application rejection, removal from eligibility lists, or dismissal.
- 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 job-related physical, including a drug test, and background investigation, including a criminal history check.

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

or in person at the District office:
 2450 Lillie Ave.
 Summerland, CA 93067
 Mon. – Fri. 7:30 AM – 4:00 PM

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

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:

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

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

***Please provide official or unofficial transcripts for any post-secondary education coursework 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 and CVs are accepted but not in lieu of a completed application. Indicate job titles, briefly describe the duties and the periods of employment, whether the jobs were supervisory or in 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)

Beginning (mm/yy)

List in reverse chronological order:

Ending (mm/yy)

a. _____ From: _____
To: _____

b. _____ From: _____
To: _____

c. _____ From: _____
To: _____

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)

Beginning (mm/yy)

List in reverse chronological order:

Ending (mm/yy)

a. _____ From: _____
To: _____

b. _____ From: _____
To: _____

c. _____ From: _____
To: _____

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)

Beginning (mm/yy)

List in reverse chronological order:

Ending (mm/yy)

a. _____ From: _____
To: _____

b. _____ From: _____
To: _____

c. _____ From: _____
To: _____

Reason for leaving:

Additional Qualifications: (You may list qualifications not listed above, 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 as indicated on page 2 of this application? Yes No Post-offer.

If "Yes," or "Post-offer," then sign below to certify:

I authorize the Mosquito and Vector Management District of Santa Barbara County to obtain employment information from any previous employer. A photocopy, facsimile, or digital 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:

I authorize the Mosquito and Vector Management District of Santa Barbara County to obtain employment information from my current employer. A photocopy, facsimile, or digital 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 discriminate on the basis of race, color, religion, sex, pregnancy, gender, gender identity, gender expression, national origin, ancestry, physical disability, mental disability, age, medical conditions, genetic information, marital status, military and veteran status, sexual orientation, transgender status, reproductive health decision making, or any other protected basis under federal, state, or local law.

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. Persons requesting reasonable accommodation may 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. These exams are administered by an MVMDSBC selected physician and a background check provider 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 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 hereby release and hold harmless from liability any and all individuals and organizations who, in good faith provide any and all information to representatives of MVMSDBC concerning my work competence, ethics, character, education, and other qualifications, and I hereby consent to the release of any and all such information to MVMSDBC.

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

Signature

Date Signed

For Office Use:

Date received: _____ Accepted / Contacted for interview: _____