



Great Government Through the General Management System - Quality, Timeliness, Value

COUNTY OF SAN DIEGO - DEPARTMENT OF HUMAN RESOURCES

1600 Pacific Highway, Room 207, San Diego, CA 92101-2463 (MS A-8)
General Information: (619) 236-2191
24-hour Job Line: (619) 531-5764
TDD: (619) 531-5362 Toll Free: (888) 880-9374
Fax: (619)236-1196

EMPLOYMENT APPLICATION

NOTE: All materials required, if applicable (transcripts, licenses, certificates, etc.) MUST be received immediately upon submitting this application. Failure to submit applicable documents will result in your elimination from the examination process.

* RECRUITMENT NO:

Grid for recruitment number

* RECRUITMENT TITLE:

Grid for recruitment title

* FIRST NAME:

Grid for first name

MI:

Grid for middle initial

* LAST NAME:

Grid for last name

* MAILING ADDRESS:

Grid for mailing address

* CITY:

Grid for city

* STATE: * ZIP CODE:

Grid for state and zip code

* PHONE NO. UNTIL 5 PM:

Grid for phone number until 5 PM

PHONE NO. AFTER 5PM:

Grid for phone number after 5 PM

area code

area code

EMAIL(optional):

Grid for email address

YOU WILL BE CONSIDERED ONLY FOR JOBS WITH WORK CONDITIONS YOU SELECT. PLEASE FILL ALL CIRCLES THAT APPLY.

TYPE OF POSITION YOU WILL ACCEPT:

* You must select at least 1 option

- Permanent Full Time
Permanent Part Time
Temporary Full Time
Temporary Part Time

WORK LOCATIONS YOU WILL ACCEPT:

* You must select at least 1 option

- SAN DIEGO: Downtown, Coastal, Loma Portal, Mission Valley, North Park
SOUTHEAST SAN DIEGO: Market Street/Ocean View Boulevard
CLAIREMONT MESA/KEARNY MESA
SOUTH BAY: Bonita, Chula Vista, Imperial Beach, National City, Otay, San Ysidro
EAST COUNTY: El Cajon, Lakeside, La Mesa, Lemon Grove, Santee, Spring Valley
NORTH COUNTY: Encinitas, Oceanside, Solana Beach, Vista
NORTH COUNTY INLAND: Escondido, Fallbrook, Poway, San Marcos, Valley Center
RURAL EAST COUNTY: Alpine, Boulevard, Campo, Crest, Descanso, Jacumba, Pine Valley, Potrero
BORREGO SPRINGS, JULIAN, RAMONA

TYPE OF WORK SCHEDULE YOU WILL ACCEPT:

* You must select at least 1 option

- Day Time
Rotating Shifts
5 PM to Midnight
Weekends
Midnight to 8 AM
On Call (as needed)

LANGUAGES IN WHICH YOU ARE FLUENT (OTHER THAN ENGLISH):

- Spanish
Hmong
Vietnamese
Cambodian
Laotian
Farsi
Tagalog
Other:

Questions 1-5 regarding employment history, I.D. number, termination, veteran's preference, and felony convictions.

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EDUCATION/TRAINING: Include education/training that demonstrates your qualification(s) for which you are applying. Use the education code number, i.e.: 1, 2, 3 in completing other parts of the application. Verification may be for positions with specific education/training requirements.

CODE	DATES	NAME AND LOCATION	TYPE OF PROGRAM OR COURSE	DIPLOMA/DEGREE/CERTS/UNITS
1	From: <input type="text"/>	Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
	To: <input type="text"/>	City: <input type="text"/> State: <input type="text"/>		
2	From: <input type="text"/>	Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
	To: <input type="text"/>	City: <input type="text"/> State: <input type="text"/>		
PROFESSIONAL LICENSES AND CERTIFICATES (Additional Space on pg. 4)		TYPE OF LICENSE/CERTIFICATE	DATE ISSUED/ISSUED BY	LICENSE NUMBER/EXPIRATION DATE
		<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPERIENCE: Include all employment experience for the past ten years. Start with the most recent and work back. Experience may be paid or unpaid, full time or part time. Use the experience code letters, i.e.: A, B, C, D on the left in completing other parts of the application.

CODE	DATES	EMPLOYER'S NAME & ADDRESS	EXPERIENCE
A	From: <input type="text"/>	Address: <input type="text"/>	Official Title: <input type="text"/>
	To: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
	Total Yr/Mo: <input type="text"/> Hrs /Wk: <input type="text"/>	Company Name: <input type="text"/>	Reason for Leaving: <input type="text"/>
	Salary: <input type="text"/>	Contact Name & Phone: <input type="text"/>	
B	From: <input type="text"/>	Address: <input type="text"/>	Official Title: <input type="text"/>
	To: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
	Total Yr/Mo: <input type="text"/> Hrs /Wk: <input type="text"/>	Company Name: <input type="text"/>	Reason for Leaving: <input type="text"/>
	Salary: <input type="text"/>	Contact Name & Phone: <input type="text"/>	
C	From: <input type="text"/>	Address: <input type="text"/>	Official Title: <input type="text"/>
	To: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
	Total Yr/Mo: <input type="text"/> Hrs /Wk: <input type="text"/>	Company Name: <input type="text"/>	Reason for Leaving: <input type="text"/>
	Salary: <input type="text"/>	Contact Name & Phone: <input type="text"/>	
D	From: <input type="text"/>	Address: <input type="text"/>	Official Title: <input type="text"/>
	To: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
	Total Yr/Mo: <input type="text"/> Hrs /Wk: <input type="text"/>	Company Name: <input type="text"/>	Reason for Leaving: <input type="text"/>
	Salary: <input type="text"/>	Contact Name & Phone: <input type="text"/>	

May we contact all of your employers listed? Yes No IF NO, please indicate highlighted code letter(s):

Other names for which you are known?

CONSENT TO RELEASE OF INFORMATION: I consent to the release of information for the use in determining my eligibility, qualifications, and selection consideration about my work record, job performance, character, ability and fitness by employers, schools, law enforcement agencies and the other individuals and organizations to authorized employees of the County of San Diego. I hereby release you, your organization, current or previous employers, or others from liability or damage that may result from furnishing the requested information.

CERTIFICATE OF APPLICANT: I certify that all statements and information provided in this application and any attachments are true, and I understand that any false or misleading statements or omission of material facts may forfeit my right to employment considerations by the County of San Diego.

Signature: _____

Date: / /

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CONFIDENTIAL

The following information is necessary for the County of San Diego to evaluate its hiring practices and to prepare reports for the State and Federal Government as required by law. The information contained will NOT be retained with your application and will NOT be used to make a decision about your employment.

ETHNIC GROUP: Please fill-in the bubble which best identifies you.

- BLACK** All persons having origins in any of the original Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE** All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural affiliation or community recognition.
- WHITE (not of Hispanic Origin)** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

GENDER:

- MALE**
- FEMALE**

DATE OF BIRTH:

Month

Day





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ADDITIONAL INFORMATION

Please use the entry boxes below if there is additional information you wish to provide.

- Additional Education/Training items

Please number your responses accordingly, continued from the previous page (i.e.: 4, 5, 6...)

- Additional Work History

Please alphabetize your responses accordingly, continued from the previous page (i.e.: E, F, G...)





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BACKGROUND INVESTIGATIONS

ELECTION TO RECEIVE/NOT RECEIVE PUBLIC RECORDS:

As an applicant for employment, I am aware that the County of San Diego may obtain public records regarding me for employment or promotion purposes. I acknowledge that the term public record as used herein is limited to records of: arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

* Fill-in ONE circle only:

- I hereby elect to receive any public records that may be obtained by the County of San Diego for employment purposes under Civil Code 1786.53.
- I hereby elect not to receive any public records that may be obtained by the County of San Diego for employment purposes under Civil Code 1786.53.

RECRUITMENT SOURCES: How did you learn of this job? (Fill ONE bubble only)

- COUNTY EMPLOYEE
- SCHOOL PLACEMENT
- TELEPHONE JOB LINE
- COUNTY BULLETIN BOARD
- TELEVISION AD
- OTHER (please specify):
- GovernmentJobs.com
- County of San Diego Website
- Community Professional Organization
- Other Media Advertisements (please specify):
- COMMUNITY/PROFESSIONAL ORGANIZATION
- JOB FAIR (please specify):
- NEWSPAPER (please specify):
- Sign-On San Diego
- Other Internet Site



VECTOR CONTROL PROGRAM Vector Control Technician Aide

Temporary Summer Employment
April - October

\$16.01 - \$16.81 / Hour
Supplemental Questionnaire



This position requires outdoor work in rugged conditions with exposure to pesticides and insects. Incumbents use physical strength and agility on a continual basis. They must be able to perform manual labor, lift heavy objects weighing up to 50 pounds, and walk long distances in rough terrain.

Please complete the Supplemental Questionnaire carefully and completely. This information will be evaluated to establish your eligibility for employment.

1. Are you available to work 40 hours per week, 10 hours per day, (either Monday – Thursday or Tuesday – Friday) April through October? If “No” when are you available?

- Yes
- No

2. Do you have at least nine units of college level course work in biology, botany, entomology, or a closely related science? **If you responded "Yes," please include a copy of your official or unofficial transcript with this application.**

- Yes
- No

3. Do you possess a bachelor's degree from an accredited college or university in biological or environmental health science with at least 30 semester units of basic biological, chemical, physical, or environmental science? **If you responded "Yes", please include a copy of your official or unofficial transcript or diploma or certificate with this application.**

- Yes
- No

4. Describe your experience as it relates to vector prevention and control, i.e. identifying, spraying, treating and baiting vectors. Include your experience in mixing chemicals and preparing traps and baits. Include the name of the employer(s) where you obtained the experience, length of your experience (years/months), and job title.

5. Please indicate any license and/or certificates you possess relative to pest management and pesticide application. List the name of the certificate and/or license and date of expiration if applicable. **Please include copies of your certificate and/or licenses with this application.**

6. Describe your experience in operating and maintaining vector control tools, vehicles and equipment. Include the name of the employer(s) where you obtained the experience, length of your experience (years/months), and job title.

7. Describe your experience in providing customer service, interacting with the general public and dealing with irate individuals.

8. Please describe your computer skills and any databases or software (Word, Excel, Outlook, etc.) you have used. Please be specific and include details, as well as your current skill level (No Experience, Beginner, Intermediate, Advanced).