



5570 Overland Avenue, Suite 102, San Diego, CA 92123

Phone: (858) 694-2888

www.SDVector.org

Seasonal Vector Control Technician Aide Employment Application

Complete this form fully; incomplete applications will NOT be accepted. Submit this application and all supporting materials (supplemental questions and unofficial transcripts) to vector@sdcounty.ca.gov.

Today's Date:	Last Name:	First Name:	MI:
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Mailing Address:	City:	State:	Zip Code:
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Contact Phone:	Email Address:
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Preferred Office Location:

Kearny Mesa	San Marcos	No Preference
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Are you a current or former employee of the County of San Diego? Yes No

If yes, please enter your 6 digit County of San Diego employee ID:

Do you have any friends or relatives currently employed by the Department of Environmental Health? If yes, please provide name and relationship. Yes No

Name(s):	Relationship(s):
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Have you ever been involuntarily terminated from County service? Yes No

If yes, please enter the date of termination.

Have you ever been convicted of a felony? If yes, enter the date, location, and charge. Yes No

Date Convicted:	Court/Location:	Charge:
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Are you at least 18 years of age? Yes No

Other names under which you are known:

PROFESSIONAL LICENSES AND CERTIFICATES: Include any applicable professional licenses or certificates.

License/Certificate Type:	Date Issued and Issued By:	License Number and Expiration Date:
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EDUCATION/TRAINING: Include education/training that demonstrates your qualifications for this position. Attach unofficial transcripts with to this application.

Dates:	Name and Location:	Type of Program or Course:	Degree/Units

EXPERIENCE: Include employment experience starting with the most recent and work back. Experience may be paid or unpaid, full or part time. Enter work history on this form; a resume will not be accepted as a substitution.

Employment Dates: Hrs/Wk: Salary:	Employer's Name, Address, and Phone: Contact Name:	Official Title: Duties: Reason for Leaving:
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May we contact the employers listed above?

Yes

No

If no, please indicate with employer(s):

CONSENT TO RELEASE OF INFORMATION: I consent to the release of information for 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 other individuals and organizations listed to authorized employees of the County of San Diego.

I agree

CERTIFICATION: I hereby 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 by the County of San Diego.

I agree