



APPLICATION FOR EMPLOYMENT

Please type or print responses to all of the questions contained on the entire application form.

Date of Application _____

Position Sought _____

Last Name _____ First Name _____ MI _____

Address _____

City/State/Zip _____

Phone Number _____

Social Security Number _____

Are you an adult, legally emancipated, or otherwise legally eligible to work in the State of Ohio?
 Yes No

Are you legally permitted to work in the United States?
 Yes No

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? Yes No

If yes, please explain _____

Do you possess a valid State of Ohio driver's license? Yes No

If no, can you obtain one prior to employment? Yes No

If the position applied for requires travel, can you supply your own transportation and insurance?
 Yes No

Do you have friends or relatives who presently work for this agency? Yes No

If yes, list name(s) _____

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PROFESSIONAL REFERENCES

Please list three (3) professional references who are not related to you that you have known at least one (1) year.

Name _____ Phone _____ Address _____ Relationship _____
Name _____ Phone _____ Address _____ Relationship _____
Name _____ Phone _____ Address _____ Relationship _____

Please answer the following questions if they are applicable to the position for which you are applying.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High School attended _____

Address _____

Did you graduate? Yes No High school equivalent? Yes No

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____



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College or Trade School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree earned _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

College or Trade School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree earned _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

Graduate School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree earned _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____



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Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

License, Registration and Certifications
Please list any valid medical, nursing, dietetic, or any other applicable license, registration, or certification. Proof of licensure/registration/certification is required.

Issuing Board or Entity	Field/Trade/Specialization	License/Registration/Certificate Number	Expiration Date

EMPLOYMENT HISTORY AND WORK EXPERIENCE
In this section, list all employment history and work experience in date order. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____
 (Enter "none" if unemployed)

May we contact your current employer prior to employment? Yes No

Address _____

Phone Number _____ Dates Employed _____ to _____

Job Title _____ Supervisor's Name _____

Beginning Salary _____ per _____ Ending Salary _____ per _____

Describe your duties and responsibilities: _____

Why do you want to leave? _____



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Previous Employer: _____
 Address _____
 Phone Number _____ Dates Employed _____ to _____
 Job Title _____ Supervisor's Name _____
 Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____
 Describe your duties and responsibilities: _____

 Why did you leave? _____

Previous Employer: _____
 Address _____
 Phone Number _____ Dates Employed _____ to _____
 Job Title _____ Supervisor's Name _____
 Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____
 Describe your duties and responsibilities: _____

 Why did you leave? _____

Previous Employer: _____
 Address _____
 Phone Number _____ Dates Employed _____ to _____
 Job Title _____ Supervisor's Name _____
 Beginning Salary \$ _____ per _____ Ending Salary \$ _____ per _____
 Describe your duties and responsibilities: _____

 Why did you leave? _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.



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Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary.

Initials: _____

2. I understand and accept that given the duties and responsibilities of the employer, I may be required to work weekends, evening hours, or at other times as determined by the employer, including overtime hours.

Initials: _____

3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies will exchange information and data with the employer. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background.

Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

5. I hereby authorize the employers, schools, and personal/professional references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____



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****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE HENRY COUNTY GENERAL HEALTH DISTRICT MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

Applicant's Signature

Date

FOR INTERNAL USE ONLY

Application Checklist: Application Cover Letter Resume

Arrange Interview? Yes No

REMARKS: _____

Interviewer's Signature

Date

Employed? Yes No Starting Date: _____ Starting Rate: _____

Position Title: _____