

CLAY COUNTY HEALTH DEPARTMENT

Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

Position Applied For: _____ **Date of Application:** _____

Referral Source: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: () _____ **Cell Phone:** () _____

E-mail Address: _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date: _____

Have you ever been employed here before? Yes No

If yes, give date: _____

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No

Are you legally eligible for employment in the United States? Yes No

On what date would you be available for work? _____

Are you available to work Full time Part time Special Assignment

Approximate rate of pay expected: _____
Specify measurement such as per hour or per year

Can you perform all essential duties of the job(s) for which you are applying? Yes No

If no, please explain: _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Phone
	Email Address	
Name	Address	Phone
	Email Address	
Name	Address	Phone
	Email Address	

EDUCATION

	HIGH	COLLEGE OR UNIVERSITY	GRADUATE OR PROFESSIONAL
School Name:			
Years Completed (Circle)			
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			
Honors Received:			

State any additional information you feel may be helpful to us in considering your employment (i.e.: certificates, awards, class or module completions, etc.)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer:	Work Performed:	Dates Employed:	
Phone:		From	To
Supervisor's Email:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Work Performed:	Dates Employed:	
Phone:		From	To
Supervisor's Email:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Work Performed:	Dates Employed:	
Phone:		From	To
Supervisor's Email:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Work Performed:	Dates Employed:	
Phone:		From	To
Supervisor's Email:			
Job Title:			
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience.

STATEMENT

THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED, BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYMENT APPLICATION TRUTHFULLY.

By signing below, I understand that the information provided is true, and that any misstatements or omission of material facts in the application of the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the organization shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in the application.

I authorize the organization (Clay County Health Department), to analyze the truthfulness of all statements made on this application, complete reference checks with the provided contacts above, former employers, as well as my current employer, with extended permission to do so as previously indicated in the application, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current, with extended permission, and former employers to provide information concerning this application, and I release each such person(s) from liability for providing information to the organization.

I understand that nothing contained in this application or the granting of an interview is intended to create an employer/employee relationship between the organization and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our organization operates: I would have the right to terminate my employment at any time for any reason and that the organization would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the organization's policy. If I refused to submit to testing, refuse to sign the consent form, or test positive, the organization will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation: a criminal background check and a conviction inquiry, in accordance with the organization's policies and state law.

In the event that I am employed, I understand that regardless of the job that I am first assigned, I may be required to accept a change of job depending on my demonstrated skills after employment and based on the needs of the Department. I understand that I must meet the health requirements established by the Department as a condition of initial and continued employment, which may be determined by a physical examination. I understand, also, that I am required to abide by all rules and regulations of the Department.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____

Applicant's Signature: _____