

Application for Employment

We are pleased that you are interested in applying for a position with our department. Christian County Health Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, religion, national origin, age, sex, marital status, ancestry, veteran status, pregnancy, medical condition, citizenship status, genetic information, sexual orientation, gender identity, disability or other basis prohibited by applicable local, state, or federal law. No question on this form is intended to secure information to be used for such discrimination.

Personal Information	n: Please print in	ink.	Position(s)	applying for		
Date			Full Tim	e Part Time	Any Shi	ft Temporar
Name				ress		
Last	First	Middle Init	ial			
Preferred Name		_ Telephone ()	Alternative N	umbe <u>r (</u>)
AddressStreet or PO Bo	ox		City		State	Zip
Have you ever worked under	a different name?	Yes No	If yes, what name	?		
Have you ever been employe	ed by us?	Yes No	If yes, when? _			
Do you have any relatives wo	orking here?	Yes No	If yes, indicate na	me and relationsh	iip:	
Are you legally eligible for en Note: Proof of eligibility will be re						
Are you capable of performin accommodation?		nctions required for	the position for which	ch you are applyin	g with or witho	out an
Have you ever been convicted if yes, please give the date(s Note: Answering "Yes" to the quand relevance to the position app) and details:	not constitute ineligibil				ure of the violation
Education and Train	ing:					
	Name and Lo	cation of School	Course of Study	Last Grade Completed	Did you Graduate?	Degree, Diploma, GED, Certificate or other
High School				9 10 11 12	Yes No	
College/University				1 2 3 4	Yes No	
Post-Graduate				1 2 3 4	Yes No	
Business/Trade Technical				1 2 3 4	Yes No	
		wtifications.	Dogariba any anasi	alized training, lice	noing or cortif	ications

May we contact this employ	ver for a reference?	es No		
Current or Most Recent Employer			Dates Employed (indi From:	cate month/year) To:
ob Title				
Describe Major Work Duties	S			
Reason for Leaving			Supervisor Name & T	itle
Employer Address and Tele	ephone Number			
May we contact this employ	ver for a reference?	es No		
Previous Employer			Dates Employed (indi	cate month/year) To:
Job Title			PTOIII.	10.
Describe Major Work Duties	3			
Reason for Leaving			Supervisor's Name &	Title
Employer Address and Tele	ephone Number			
May we contact this employ	ver for a reference?	es No		
Previous Employer			Dates Employed (indi From:	cate month/year) To:
Job Title				
Describe Major Work Duties	S			
Reason for Leaving			Supervisor's Name &	Title
Employer Address and Tele	ephone Number		,	
May we contact this employ	ver for a reference?	es No		
Previous Employer			Dates Employed (indi	· · · · · · · · · · · · · · · · · · ·
Job Title			From:	То:
Describe Major Work Duties	5			
Reason for Leaving			Supervisor's Name &	Title
Employer Address and Tele	ephone Number			
Reason for Leaving			Supervisor's Name &	Title
	rences: Please provide ay be contacted to provide		es and telephone numbers of	additional supervisors, cowork
Name	Title	How ar	e you affiliated?	Phone Number

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Available If applying for part-time, how many hours per week would you like to work? Rate of pay expected \$	Availab	oility: Please	e list your availab	lity for work, including	ng the day(s) of th	e week and spec	cific time(s) of the da	y.
Rate of pay expected \$		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday 	Sunday
Rate of pay expected \$	If applying	for part-time, I	how many hours	oer week would you	like to work?			
Applicant's Statement: Please read statements below carefully before signing this employment application disclosure. I certify that the answers provided on this application are true, accurate and complete. I understand that any false informonissions, or misleading information contained in this application or during the interview process, may be grounds for refusal to I may result in immediate termination. I acknowledge the confidential nature of the Department's business and agree to mainta confidentiality of the business affairs of the Department and its customers, at all times, before, during and after my employment. I acknowledge that an offer and acceptance of employment is of an "at will" nature, which means that I may resign at any time an employer may discharge me at any time with or without cause. I further understand that no supervisor, manager or represental Christian County Health Department has any authority to enter into an agreement for employment for any specific period of time make any agreement contrary to these terms of employment, except such person or persons to whom such authority has specifically granted by Christian County Health Department. If required, I voluntarily consent to submit to a drug test at the request and expense of the Department and understand that Ch County Health Department reserves the right to conduct random drug testing. For employment purposes and with my prior vonsent, the Department reserves the right to conduct random drug testing. For employment purposes and with my prior vonsent, the Department may investigate my driving record and/or obtain consumer reports on me from time to time duri employment. I understand, if hired, I will be required to provide proof of identity and legal authorization to work in the United Staalso understand that Christian County Health Department participates in the United States Department of Homeland Security E-program and may utilize the Social Security Number Verification Service for wage reporting purposes. I understand that, if	On what d	ate would you	be available for w	ork?				
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Signature of Applicant Date							closures stated in t	his document, an
Signature of Applicant Date								
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