



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: Please print in ink.

Position(s) applying for _____

Date _____

Full Time Part Time Any Shift Temporary

Name _____

Last
First
Middle Initial

E-mail Address _____

Preferred Name _____ Telephone (____) _____ Alternative Number (____) _____

Address _____

Street or PO Box
City
State
Zip

Have you ever worked under a different name? Yes No If yes, what name? _____

Have you ever been employed by us? Yes No If yes, when? _____

Do you have any relatives working here? Yes No If yes, indicate name and relationship: _____

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

Note: Proof of eligibility will be required within three working days of employment.

Are you capable of performing the essential functions required for the position for which you are applying with or without an accommodation? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give the date(s) and details: _____

Note: Answering "Yes" to the question above does not constitute ineligibility for employment. Factors such as seriousness and nature of the violation and relevance to the position applied for will be taken into account.

Education and Training:

	Name and Location of School	Course of Study	Last Grade Completed	Did you Graduate?	Degree, Diploma, GED, Certificate or other
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Training, Licensing or Certifications: Describe any specialized training, licensing or certifications you possess you feel are relevant to the position for which you are applying.

Employment Experience: Beginning with your most recent position, enter your last ten years of employment history below:
(you may add an attachment to this application if needed)

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or Most Recent Employer	Dates Employed (indicate month/year) From: _____ To: _____
Job Title	
Describe Major Work Duties	
Reason for Leaving	Supervisor Name & Title
Employer Address and Telephone Number	

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer	Dates Employed (indicate month/year) From: _____ To: _____
Job Title	
Describe Major Work Duties	
Reason for Leaving	Supervisor's Name & Title
Employer Address and Telephone Number	

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer	Dates Employed (indicate month/year) From: _____ To: _____
Job Title	
Describe Major Work Duties	
Reason for Leaving	Supervisor's Name & Title
Employer Address and Telephone Number	

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer	Dates Employed (indicate month/year) From: _____ To: _____
Job Title	
Describe Major Work Duties	
Reason for Leaving	Supervisor's Name & Title
Employer Address and Telephone Number	

Professional References: Please provide the names, job titles and telephone numbers of additional supervisors, coworkers, or other individuals that may be contacted to provide a reference.

	Name	Title	How are you affiliated?	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Availability: Please list your availability for work, including the day(s) of the week and specific time(s) of the day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available	_____	_____	_____	_____	_____	_____	_____

If applying for part-time, how many hours per week would you like to work? _____

On what date would you be available for work? _____

Rate of pay expected \$ _____ (per hour or annualized salary)

How did you hear about a position with us? _____

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 information, omissions, or misleading information contained in this application or during the interview process, may be grounds for refusal to hire or may result in immediate termination. I acknowledge the confidential nature of the Department's business and agree to maintain the 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 and the employer may discharge me at any time with or without cause. I further understand that no supervisor, manager or representative of Christian County Health Department has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to these terms of employment, except such person or persons to whom such authority has been 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 Christian County Health Department reserves the right to conduct random drug testing. For employment purposes and with my prior written consent, the Department may investigate my driving record and/or obtain consumer reports on me from time to time during my employment. I understand, if hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that Christian County Health Department participates in the United States Department of Homeland Security E-Verify program and may utilize the Social Security Number Verification Service for wage reporting purposes. I understand that, if hired, a criminal background check will be conducted and my employment is contingent upon the results of that check as it pertains to my job duties.

I understand that my application for employment shall remain in Christian County Health Department's active files for a period of [one] year. Active files will be purged of applications and/or resumes on file for more than one year. If I wish to extend my candidacy, I must reapply by submitting another employment application.

I hereby authorize all previous employers, to release to Christian County Health Department any and all information regarding my employment. In addition, I authorize Christian County Health Department to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of all information. I hereby further release Christian County Health Department and any and all of its employees, of liability relating to, lawfully seeking and using truthful and non-defamatory information in the employment process.

I have carefully read, understand and will comply with all aspects of the employment disclosures stated in this document, and understand that completion of this application is not to be considered an offer of employment.

Signature of Applicant

Date