

**JACKSON COUNTY HEALTH DEPARTMENT
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

**FORM D
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Jackson County Health Department is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, military status, religion, national origin, disability, or genetic information.

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM PLEASE NOTE THAT THIS COMPLETED APPLICATION FOR EMPLOYMENT FORM WILL BECOME A PUBLIC RECORD UPON SUBMISSION TO JACKSON COUNTY HEALTH DEPART.

Date of Application _____

Name: _____ Social Security No. _____

Current Address: _____ Phone # _____

Previous 7 years Address(es):

Street	City	County	State	Zip Code

GENERAL:

Are you an Adult? Yes___ No___

For what position(s) are you applying? _____

Have you ever applied to or been employed by the state, a county, or any political subdivision thereof in Ohio? Yes___ No___ If yes, please explain. _____

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. _____

Are you employed now? _____ If so, may we contact your present employer?
Yes___ No___ Person to contact _____ Phone No. _____

If we cannot inquire of your present employer, please explain why: _____

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Are you on layoff and subject to recall? Yes ___ No ___

If employed, does your employment require you to continue working for your current employer, or restrict your activities after leaving your current employment, for any period of time?
Yes ___ No ___ If yes, until what date? _____

Are you prevented from becoming lawfully employed in this Country because of VISA or Immigration Status? Yes ___ No ___ (Proof of citizenship or immigration status is required by federal law upon employment.)

Do you possess a valid Driver's License? Yes ___ No ___ State of Issuance _____
Number _____ If no, can you obtain a Driver's License prior to employment?
Yes ___ No ___

Are you a resident of Ohio? Yes ___ No ___ If not, are you willing to become a resident upon employment? Yes ___ No ___

Are you a veteran of the U.S. Military service? Yes ___ No ___ If yes, what branch?

Have you been convicted of a felony? Yes ___ No ___ If yes, describe _____

(A conviction record will not necessarily be a bar to your employment. Factors such as the age and type of offense, the seriousness and nature of the violation, and your rehabilitation will be taken into account.)

Date you can start _____ Salary desired _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION. USE ADDITIONAL PAPER IF NECESSARY.

<u>Date</u> <u>Month & Year</u>	<u>Name & Address</u> <u>of Employer</u>	<u>Wage or</u> <u>Salary</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____

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From _____
To _____

From _____
To _____

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. USE ADDITIONAL PAPER IF NECESSARY.

<u>School</u>	<u>Name & Location</u>	<u>Did You Graduate?</u>	<u>Subjects Studied</u>
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High School _____

Trade, Business,
or Technical
School _____
College _____

Other Special
Study or Research
Work _____

REFERENCES: Give the names of three persons not related to you whom you have known at least one (1) year.

<u>Name</u>	<u>Address & Phone No.</u>	<u>Occupation & Years Acquainted</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, CERTIFICATIONS, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

APPLICANT'S CERTIFICATION AND AGREEMENT
Please Read This Statement Carefully

1. I understand that no representative of Jackson County Health Department, other than the Appointing Authority, has any authority to enter into any agreement or to make any agreement with me contrary to the foregoing, except that the Appointing Authority of Jackson County Health Department may do so in writing under specific limited circumstances.

Initials: _____

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2. I understand and accept that, if I am selected for employment, my initial and continued employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.
Initials: _____

3. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the Jackson County Health Department.
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 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 that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. 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 for any criminal or unlawful activity. Initials: _____

6. I hereby authorize the employers, schools, and personal 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: _____

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.

Read carefully before signing: I agree that any claim of lawsuit relating to my service with the Jackson County Health Department 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 limitations to the contrary.

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Applicant's Signature

Date

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20____ at _____, County of _____ and State of _____.

Signature of Officer

Official Title

Commission Expires

EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____ AGE: _____ SEX: _____

RACIAL AND ETHNIC CATEGORIES:

- Q White (not of Hispanic origin)
- Q Black (not of Hispanic origin)
- Q Hispanic
- Q Asian or Pacific Islander
- Q American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

HIRED: Yes ___ No ___ POSITION _____

DEPT. _____ SALARY/WAGE _____

DATE REPORTING TO WORK _____ SHIFT _____