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|  | **S:\LOGOS\Health Care logo redo2 - more royal.jpg** |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete entire application – incomplete information could disqualify you from further consideration* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | First |  | | | | | | | | | | | | M.I. | | | Date: | | | | | |  | | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | |  | | |
| City |  | | | | | | | | | | | | | | State |  | | | | | | | | | | | | ZIP | |  | | | | | | | | | |
| Phone |  | | | | | | | | | | | | | | E-mail Address | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | |  | | | | | | |  | | |  | | | | | | | | | | Desired Salary | | | | | | | | |  | | | | |
| Position Applied for | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | NO | |
| Are you at least 18 years of age? | | | | | | | | | | | | YES | | NO | | Are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | YES | | | | NO | |
| Can you work any shift | | | | | | | | | | | | YES | | NO | | Can you work overtime, including weekends | | | | | | | | | | | | | | | | | | YES | | | | NO | |
| Have you ever worked for this company? | | | | | | | | | | | | YES | | NO | | If so, when? | | | | |  | | | | | | | | | | | | | | | | | | |
| Have you ever been terminated or asked to resign by an employer? | | | | | | | | | | | | YES | | NO | | If so, provide details: | | | | |  | | | | | | | | | | | | | | | | | | |
| Have you previously worked for this county? | | | | | | | | | | | | YES | | NO | | If so, provide details: | | | | |  | | | | | | | | | | | | | | | | | | |
| Do you know anyone who works for this county? | | | | | | | | | | | | YES | | NO | | If so, provide details: | | | | |  | | | | | | | | | | | | | | | | | | |
| How did you hear about us? | | | | | | | | | | | | Walk In | | | | | Advertisement | | | | | | | | Referral | | | | | | | | | | | Other | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | |  | Did you graduate? | | | YES | | NO | | | | Degree | | | |  | | | | | | | | | | | | | | | |
| College | |  | | | | | | | | | | | | Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | |  | Did you graduate? | | | YES | | NO | | | | Degree | | | |  | | | | | | | | | | | | | | | |
| Other | |  | | | | | | | | | | | | Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | |  | Did you graduate? | | | YES | | NO | | | | Degree | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | Relationship | | | | | |  | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | |  | | | | | | | | | | | | | | | | | | | | From | | | |  | | To | | |  | | | | | | |
| Rank at Discharge | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Henderson County Health Department] is an equal opportunity employer. [Henderson County Health Department] does not discriminate in employment because race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.  I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for [Henderson County Health Department] to hire me. If I am hired, I understand that either [Henderson County Health Department] or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of [Henderson County Health Department] has the authority to make any assurance to the contrary.  I attest with my signature below that I have given to [Henderson County Health Department] true and complete information on this application. No requested information has been concealed. I authorize [Henderson County Health Department] to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | | | | | |
| **THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| References (CONTINUED) | | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment | | | | | | | | | | | | | |
| (*Include last 7 years of employment history, including periods of unemployment, starting with the most recent and working back)* | | | | | | | | | | | | | |
| Company | | |  | | | | | | Phone |  | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | |  | |  | | |  |  |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
| Company | | |  | | | | | | Phone |  | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | |  | |  | | |  |  |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
| Company | |  | | | | | | | Phone |  | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | |  | |  | | |  |  |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | |
| **SKILLS** | | | | | | | | | | | | | |
| Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If so, please provide details: | | | | | | | | | | | | | |