**CLINTON COUNTY HEALTH DEPARTMENT**

**APPLICATION FOR EMPLOYMENT**

# GENERAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (Last)** | **(First)** | | | **(Middle Initial)** | **Home Telephone**  (   )     - |
| Address (Mailing Address) | **(City)** | | (State) | (Zip) | **Other Telephone** (   )     - |
| **Social Security Number** | | **Date of Birth** | | | |
| **E-Mail Address** | | Are you legally entitled to work in the U.S.?  Yes  No | | | |
| **Are you related to any CCHD staff or contractor?**  Yes  No | | **Have you ever been convicted of any crime other than minor traffic violations?**  Yes  No  **If yes, please give details on a separate sheet. A conviction does not automatically disqualify an applicant.** | | | |

# POSITION

|  |  |
| --- | --- |
| Position Or Type Of Employment Desired | **Will Accept:**  Part-Time  Full-Time  Temporary |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?  Yes  No |
| **Salary Desired** | **Date Available** | |

# EDUCATION AND TRAINING

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| High School Graduate Or General Education (GED) Test Passed?  Yes  No | | | | | | | |
| **College, Business School, Military** **(Most recent first)** | | | | | | | |
| Name and Location | Dates  Attended  Month/Year | Credits Earned | | | Graduate | Degree  & Year | Major  or Subject |
| Quarterly or  Semester  Hours | Other  (Specify) | |
|  | From |  |  | | Yes  No |  |  |
| To |  |
|  | From |  |  | | Yes  No |  |  |
| To |  |
|  | From |  |  | | Yes  No |  |  |
| To |  |
|  | From |  |  | | Yes  No |  |  |
| To |  |
| Occupational License, Certificate or Registration | | **Number** | | **Where Issued** | | | **Expiration Date** |
| Occupational License, Certificate or Registration | | **Number** | | **Where Issued** | | | **Expiration Date** |
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| Languages Read, Written or Spoken Fluently Other Than English | | | | | | | |

# VETERAN INFORMATION (Most recent)

|  |  |  |
| --- | --- | --- |
| **Branch of Service**  **Please Include a copy of Unedited DD-214 if a military veteran** | **Date of Entry** | **Date of Discharge** |

**SPECIAL SKILLS** **(List all pertinent skills and equipment that you can operate)**

|  |
| --- |
| **(Maximum 1000 characters)** |

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**   Yes  No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**   Yes  No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**   Yes  No | |
| **Employer** | **Telephone Number** (   )     - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason For Leaving** | | **May We Contact This Employer?**   Yes  No | |

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. I understand that as part of the screening process, my prior employment history may be verified. I understand and consent to a criminal background check, to include all publically available information which may be lawfully obtained by the Clinton County Health Department for hiring purposes, including the Missouri Care Safety Registry. I understand that worker eligibility will be determined by the US Department of Homeland Security, as required by Federal and State law. I understand that professional licensure will be verified by the issuing body prior to employment. I understand that the Clinton County Health Department is an Equal Opportunity Employer, and does not discriminate in the consideration of applicants.**

### Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_