**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 AttendedMonth/Year | Credits Earned | Graduate | Degree& Year | Major or Subject |
| Quarterly orSemesterHours | 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**      |
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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_