



**Do you have the physical ability to perform all essential duties of the job(s) for which you are applying, with or without accommodation?**     Yes     No

If no, please explain: \_\_\_\_\_

**Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?**     Yes     No

If yes, please indicate: \_\_\_\_\_

**List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.)**

\_\_\_\_\_

**Give name and telephone number of three references who are not related to you and are not previous employers. Indicate how you know these individuals.**

_____	_____	_____
Name	Phone	Relationship to you
_____	_____	_____
Name	Phone	Relationship to you
_____	_____	_____
Name	Phone	Relationship to you

**EDUCATION**

	<b>HIGH</b>	<b>COLLEGE OR UNIVERSITY</b>	<b>GRADUATE OR PROFESSIONAL</b>
School Name:			
Years Completed (Circle)	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship			
Honors Received:			

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. If you need additional space, please continue on a separate sheet of paper.

Employer	<u>Dates Employed</u>		Work Performed
Address	From	To	
Phone	<u>Hourly Rate/Salary</u>		
Job Title(s)	Starting	Final	
Supervisor(s)			
Reason for Leaving			

Employer	<u>Dates Employed</u>		Work Performed
Address	From	To	
Phone	<u>Hourly Rate/Salary</u>		
Job Title(s)	Starting	Final	
Supervisor(s)			
Reason for Leaving			

Employer	<u>Dates Employed</u>		Work Performed
Address	From	To	
Phone	<u>Hourly Rate/Salary</u>		
Job Title(s)	Starting	Final	
Supervisor(s)			
Reason for Leaving			

Employer	<u>Dates Employed</u>		Work Performed
Address	From	To	
Phone	<u>Hourly Rate/Salary</u>		
Job Title(s)	Starting	Final	
Supervisor(s)			
Reason for Leaving			

**SPECIAL SKILLS AND QUALIFICATIONS**

**Summarize special skills and qualifications acquired from employment or other experience. Also state any additional information you feel may be helpful to us in considering your employment.**

**STATEMENT**

**EQUAL EMPLOYMENT OPPORTUNITY:**

It is the policy of Jackson County Health Department to seek and employ qualified individuals and to provide equal employment opportunities for both applicants and present employees with regard to recruitment, hiring, placement, training, compensation, benefits, promotion or transfer and termination. We are dedicated to taking affirmative action to promote employment and advancement in employment, to all qualified individuals. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or withholding of requested information on this application or any other pre-employment documents shall result in termination when discovered. I authorize Jackson County Health Department (Department) to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In the event that I am employed, I understand that regardless of the job that I am first assigned, I may be required to accept a change of job depending on my demonstrated skills after employment and the needs of the Department. I understand that I must meet the health requirements established by the Department as a condition of initial and continued employment, which may be determined by a physical examination. I understand, also, that I am required to abide by all rules and regulations of the Department.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

Position Considered: \_\_\_\_\_

**Interviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accepted for employment?**  Yes  No

**Comments:** \_\_\_\_\_  
\_\_\_\_\_