

**JACKSON COUNTY HEALTH DEPARTMENT
APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT OR TYPE)

Date of Application: _____ **Position applying for:** _____

Referral Source: Advertisement Friend Relative JCHD Employee
 JCHD Website Walk In Other _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (____) _____ **E-Mail:** _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date: _____

Have you ever been employed here before? Yes No

If yes, give date: _____

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No

Are you a U.S. citizen or can you establish that you are an authorized worker? Yes No

On what date would you be available to work? _____

Are you available to work Full time Part time Special Assignment

Are you on layoff and subject to recall? Yes No

Approximate rate of pay expected: _____

Specify measurement such as per hour or per year

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

	HIGH	COLLEGE OR UNIVERSITY	GRADUATE OR PROFESSIONAL
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	Job Title(s)	Work Performed
Address	Phone	
Dates Employed From: To:	Supervisor(s)	
Reason for Leaving		

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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 promoting employment and advancement in employment, to all qualified individuals. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, pregnancy, unfavorable discharge from military service, or gender identity.

We are committed to providing reasonable accommodations to individuals with disabilities in the employment application process. If you need an accommodation due to a disability for any part of the application or hiring process, please contact Human Resources at (618) 684-3143, ext. 102.

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 after an offer of employment has been made. 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: _____
