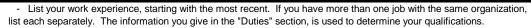
JOB APPLYING FOR: EDUCATION High School name	Douglas APPLICATION "AN EQUAL OPPO IDENTIFICATION Name (last, first, middle Present Mailing Address (street an City Telephone you can be reached at Other names in which employment	Please type or print in ink. Your application must completed in its entirety to be considered For Agency Use Only Home telephone number					
					1 2 3 4 5	6 7 8 9 10	J 11 12 13+
GED Passed	Yes No						
	School Training (College, Board Location				eeded, attach ad	ditional sheets Major/Min	
Name	Credits Ea	Semester	Degree Type	(Atta	or nscripts)		
			hours	Турс	(/ tita	on your trui	isonpts)
	Indicate semes	ter hours colle	ege credit o	r actual contact hours	in these areas		
Business				Epidemiology	List specific	classes	
	r Sciences			Bioterrorism			
Word				Ag Sciences			
Excel	Deint			Biological Scien	ces		
Power Access				Public Health Nutrition			
	Photoshop			Statistics			
	Pagemaker			Accounting			
Web Design				QuickBooks			
Front F	Page			Other			
	PI FASE	ATTACH CC	PY OF TR	ANSCRIPT OR CEU	HOURS		
Certificates and Lice							
	Ceritificate Issued By	Field/Trade/Sp	•	License/Certifica		Date of Issue	Expiration Date
						<u> </u>	1
01:11		Copy of Certi	ficate/Licer	nse must be attached			
Skills What office equipment can	Vou operate efficiently?						
at omoc oquipment carr	you operate emolethy:						

Douglas County Health Department

APPLICATION FOR EMPLOYMENT PAGE 2 "AN EQUAL OPPORTUNITY EMPLOYER"

EXPERIENCE RECORD (PAID AND VOLUNTEER)



- To describe additional experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.

IIII ORIWATIOI	TREGOESTED DELOW.						
Employer's Name							
Employer's Address							
Kind of Business							
Job Title and Duties							
Reason for Leaving							
Employed from: MO/YR	To: MO/YR	Hours per Week			Last Mon	th Salary	,
Supervisor's Name and Title:			Telephone):	<u> </u>		
May we	contact your supervisor?		Yes		No		
Employer's Name							
Employer's Address							
Kind of Business							
Job Title and Duties							
Reason for Leaving							
Employed from: MO/YR	To: MO/YR	Hours per Week	Hours per Week		Last Month Salary		
Supervisor's Name and Title:			Telephone) :			
May we	contact your supervisor?		Yes		No		
Employer's Name							
Employer's Address							
Kind of Business							
Job Title and Duties							
Reason for Leaving							
Employed from: MO/YR	To: MO/YR	Hours per Week			Last Mon	ith Salary	,
Supervisor's Name and Title:			Telephone	e:			
May we	contact your supervisor?		Yes		No		

Douglas County Health Department

<i>//</i>	•	
APPLICATION FO	OR EMPLOYMENT PAGE 3	
"AN EQUAL OPP	ORTUNITY EMPLOYER"	
Personal Data A. Have you ever had a criminal convice except under a traffic violation? List all cases in the "Remarks" see 1. The date, court, and county loo 2. The nature (type) of offense of 3. The penalty imposed (disposite Conviction of a violation of the law on its individual merits; however, B. Are you authorized to work in the Universe of the second part of the law on its individual merits; however, but the second part of the law on its individual merits; however, but the second part of the law on its individual merits; however, but the second part of the second part	ction(s),findings of guilt, pleas of guilty, and/or please of guilty, a	give: ase is considered lification. No
C. Are you willing to travel if the position D. Some positions require the use of a	on requires it? yersonal vehicle. Are you willing to use your veh	No icle? Yes No
I certify and understand that the answers given by me to the f best of my knowledge and belief. I understand that any false i may result in rejection of my application or discharge at any tir consumer reporting bureaus to verify any of this information in driving records. I authorize all persons, schools, companies, I background and hereby release any said persons, school, con whatsoever for issuing this information. I also understand that policy requires, I am willing to submit to drug testing to detect employment with the Douglas County Health Department is at I hereby consent to the Douglas County Health Department to Missouri Highway Patrol.	information, omissions or misrepresentations of fame during my employment. I authorize the companctuding, but not limited to, child abuse/neglect, or law enforcement authorities to release any inform mpanies, and law enforcement authorities from liat the use of illegal drugs and alcohol is prohibited the use of illegal drugs prior to employment. I unti-will and my employment may be terminated at an	acts called for in this application any and/or its agent, including iminal history and motor vehicle ation concerning my bility for any damage during employment. If company derstand that any ny time for any reason.
Signature	Print	Date
In case of Emergency Contact:		
Name	Address	Telephone
Name	Address	Telephone
Applicant Certification		
I hereby certify that this application contains no willful misrepro to the best of my knowledge and belief. I am aware that shoul to a material fact, my application will be rejected and I will be o	ld investigation at any time disclose any such mis	-
Signature		Date
Authorization for Release of Information		
I hereby authorize my previous employers or any educational information they may have regarding my character, academic Missouri Department of Health, Family Care Safety Registry s or other motor vehicle regulatory agency to allow any authorize pertaining to me regarding convictions or driving record. By a corporation, educational institution or agency, its officers, ager information.	record or employment history, whether or not on search. Also, I authorize any enforcement agency ed representative of the DCHD to examine, copy outhorizing the above, I agree to hold harmless an	record. I also authorize the corthe Department of Revenue or recieve any records y individual, partnership,

Signature