**Douglas County Health Department**

**APPLICATION FOR EMPLOYMENT**

**“AN EQUAL OPPORTUNITY EMPLOYER”**

**IDENTIFICATION**

Name (last, first, middle)  
Present Mailing Address (street and number)  
City  
State  
Zip Code  
Telephone you can be reached at  
Other names in which employment, military or education records may be found  
Home telephone number

**EDUCATION**

Highest Grade Completed  
High School name  
Location  
GED Passed  
Yes  
No  
Degree  
Quarter Hours  
Semester hours  
Type  
Business  
épidemiology  
List specific classes  
Computer Sciences  
Word  
Excel  
Power Point  
Access  
Adobe Photoshop  
Adobe Pagemaker  
Web Design  
Front Page  
Web Design  
QuickBooks  
Power Point  
Web Design  
Adobe Pagemaker  
Adobe Photoshop

Post High School Training (College, Business School, Military, etc.) if more space needed, attach additional sheets of paper

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Credits Earned</th>
<th>Degree</th>
<th>Major/Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Attach your transcripts)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate semester hours college credit or actual contact hours in these areas

<table>
<thead>
<tr>
<th>Business</th>
<th>Epidemiology</th>
<th>List specific classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Sciences</td>
<td>Bioterrorism</td>
<td></td>
</tr>
<tr>
<td>Word</td>
<td>Ag Sciences</td>
<td></td>
</tr>
<tr>
<td>Excel</td>
<td>Biological Sciences</td>
<td></td>
</tr>
<tr>
<td>Power Point</td>
<td>Public Health</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>Adobe Photoshop</td>
<td>Statistics</td>
<td></td>
</tr>
<tr>
<td>Adobe Pagemaker</td>
<td>Accounting</td>
<td></td>
</tr>
<tr>
<td>Web Design</td>
<td>QuickBooks</td>
<td></td>
</tr>
<tr>
<td>Front Page</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE ATTACH COPY OF TRANSCRIPT OR CEU HOURS

Certificates and Licenses

If you are currently certified, registered or licensed to practice a profession or occupation, give the following:

<table>
<thead>
<tr>
<th>License/Certificate Issued By</th>
<th>Field/Trade/Specialization</th>
<th>License/Certificate Number</th>
<th>Date of Issue</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copy of Certificate/License must be attached

Skills

What office equipment can you operate efficiently?
Douglas County Health Department

APPLICATION FOR EMPLOYMENT PAGE 2

“AN EQUAL OPPORTUNITY EMPLOYER”

EXPERIENCE RECORD (PAID AND VOLUNTEER)

List your work experience, starting with the most recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section, is used to determine your qualifications.

- 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.

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 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 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 Month Salary

Supervisor's Name and Title:  Telephone:

May we contact your supervisor?  Yes  No
Douglas County Health Department

APPLICATION FOR EMPLOYMENT PAGE 3

“AN EQUAL OPPORTUNITY EMPLOYER”

Personal Data

A. Have you ever had a criminal conviction(s), findings of guilt, pleas of guilty, and/or pleas of nolo contendere, except under a traffic violation?

Yes ☐ No ☐

List all cases in the “Remarks” section at the bottom of the page and in each case give:

1. The date, court, and county location
2. The nature (type) of offense or violation (stealing, burglary, etc)
3. The penalty imposed (disposition)

Conviction of a violation of the law is not an automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification.

B. Are you authorized to work in the United States?

Yes ☐ No ☐

C. Are you willing to travel if the position requires it?

Yes ☐ No ☐

D. Some positions require the use of a personal vehicle. Are you willing to use your vehicle?

Yes ☐ No ☐

Certification and Release/CONSENT for Criminal Background Check

I certify and understand that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agent, including consumer reporting bureaus to verify any of this information including, but not limited to, child abuse/neglect, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, law enforcement authorities to release any information concerning my background and hereby release any said persons, school, companies, and law enforcement authorities from liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs and alcohol is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to employment. I understand that any employment with the Douglas County Health Department is at-will and my employment may be terminated at any time for any reason.

I hereby consent to the Douglas County Health Department to request a pre-employment criminal record check from the Missouri Highway Patrol.

In case of Emergency Contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant Certification

I hereby certify that this application contains no willful misrepresentation or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected and I will be dismissed from the service.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Authorization for Release of Information

I hereby authorize my previous employers or any educational institutions I have attended to release to the DCHD authorized representative any information they may have regarding my character, academic record or employment history, whether or not on record. I also authorize the Missouri Department of Health, Family Care Safety Registry search. Also, I authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the DCHD to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>