



Douglas County Health Department

APPLICATION FOR EMPLOYMENT "AN EQUAL OPPORTUNITY EMPLOYER"

Please type or print in ink. Your application must be completed in its entirety to be considered

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		

For Agency Use Only
Home telephone number

JOB APPLYING FOR:

EDUCATION

High School name	Location
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Highest Grade Completed
1 2 3 4 5 6 7 8 9 10 11 12 13+

GED Passed Yes No

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

Name and Location	Credits Earned		Degree Type	Major/Minor (Attach your transcripts)
	Quarter Hours	Semester hours		

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

<input type="checkbox"/> Business	<input type="checkbox"/> Epidemiology	List specific classes _____
<input type="checkbox"/> Computer Sciences	<input type="checkbox"/> Bioterrorism	
<input type="checkbox"/> Word	<input type="checkbox"/> Ag Sciences	
<input type="checkbox"/> Excel	<input type="checkbox"/> Biological Sciences	
<input type="checkbox"/> Power Point	<input type="checkbox"/> Public Health	
<input type="checkbox"/> Access	<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Adobe Photoshop	<input type="checkbox"/> Statistics	
<input type="checkbox"/> Adobe Pagemaker	<input type="checkbox"/> Accounting	
<input type="checkbox"/> Web Design	<input type="checkbox"/> QuickBooks	
<input type="checkbox"/> Front Page	<input type="checkbox"/> Other	

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:

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate Number	Date of Issue	Expiration Date

Copy of Certificate/License must be attached

Skills

What office equipment can you operate efficiently?



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"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
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Supervisor's Name and Title:	Telephone:
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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
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Supervisor's Name and Title:	Telephone:
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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
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Supervisor's Name and Title:	Telephone:
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May we contact your supervisor? Yes No



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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.

Signature

Print

Date

In case of Emergency Contact:

Name	Address	Telephone
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Name	Address	Telephone
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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.

Signature

Date

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 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.

Signature

Date