Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

| (PLEASE PRINT) | | | | | | | |
|--|--------------------------------|------------------------|------------|--|--|--|--|
| Position(s) Applied For | | Date of Applica | ation | | | | |
| Have Did Varil agent About Ha | | | | | | | |
| How Did You Learn About Us? | | | | | | | |
| □Advertisement □Friend | □Walk-In □Employment Age | ncy \square Relative | | | | | |
| Other | | | | | | | |
| Last Name | Mic | ddle Name | | | | | |
| Last Name First Name Middle Nam | | | | | | | |
| Address (Number, Street, City, Sta | ate, Zip Code) | | | | | | |
| | | | | | | | |
| Telephone Number(s) | Social Secu | rity Number | | | | | |
| | | | • | | | | |
| | | | | | | | |
| If you are under 18 years of age | • • | | □ Yes □ No | | | | |
| proof of your eligibility to worl | If yes, give date | | | | | | |
| Have you ever filed an applicat | | ☐ Yes ☐ No | | | | | |
| Have you ever been employed | If yes, give date | ☐ Yes ☐ No | | | | | |
| Are you currently employed? | | ii yes, give date | ☐ Yes ☐ No | | | | |
| | | | Yes No | | | | |
| May we contact your present en | L res L ino | | | | | | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. | | | ☐ Yes ☐ No | | | | |
| On what date would you be ava | ailable for work? | | | | | | |
| Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary | | | | | | | |
| Are you currently on "lay-off" | status and subject to recall? | | ☐ Yes ☐ No | | | | |
| Can you travel if a job requires | | ☐ Yes ☐ No | | | | | |
| Have you been convicted of a f | | ☐ Yes ☐ No | | | | | |
| If Yes, Please explain | луу ан аррисанс эгот строутсяс | | - | | | | |
| | | | | | | | |

Education

| | Nam | ne and Address of School | | Course of Study | Years Completed | Diploma Degree | | |
|--|---------------------------------------|-----------------------------|------|------------------------|--------------------|-------------------|--|--|
| Elementary School | | | | 2 thay | Company | 2 08.00 | | |
| High School | | | | | | | | |
| Undergraduate College | | | | | | | | |
| Graduate Professional | | | | | | | | |
| Other (specify) | | | | | | | | |
| Ind | lianta n | ny fanaiga language | | you oon anook wood o | nd/on white | | | |
| Ind | Indicate any foreign languages FLUENT | | es y | GOOD | | FAIR | | |
| SPEAK | | | | 3002 | | | | |
| READ | | | | | | | | |
| WRITE | | | | | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. | | | | | | | | |
| | | | | | | | | |
| | | _ | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Describe any job | -relate | d training received i | in t | the United States Mili | itary. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

| Employer | | Dates Employed From To | Work Performed |
|---------------|---------------------------|--------------------------------------|-------------------|
| Address | | | |
| Telephone N | umber(s) | Hourly Rate/Salary Starting Final | |
| Job Title | Supervisor | | |
| Reason for Le | eaving | | |
| . Employer | | Dates Employed From To | Work Performed |
| Address | | | |
| Telephone N | umber(s) | Hourly Rate/Salary Starting Final | |
| Job Title | Supervisor | | |
| Reason for Le | eaving | | |
| Employer | | Dates Employed From To | Work Performed |
| Address | | | |
| Telephone N | umber(s) | Hourly Rate/Salary Starting Final | |
| Job Title | Supervisor | | |
| Reason for Le | eaving | | |
| If vo | ou need additional space. | please continue on a separat | e sheet of paper. |

| List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status: |
|--|
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Applicant's Statement

NOTES

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant Date Any position offered by Washington County Public Health is contingent upon satisfactory pre-employment/post-offer physical and drug test results. FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview ☐ Yes ☐ No Remarks____ Interviewer/Date Job Title _____ Dept._____ Dept.____ Name, Title & Date

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