



Application for Employment

Date of Application: _____ / _____ / 20_____

Referral Source: Advertisement Friend Relative Employment Agency Walk-In Other: _____

Name: _____ SSN: _____ - _____ - _____
Last First Middle Initial

Address: _____
Street City State Zip

Telephone: (_____) _____ - _____ Cellular: (_____) _____ - _____

If employed and you are under 18, can you furnish a work permit?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed an application here before? <i>If yes, give date: _____</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed here before? <i>If yes, give date: _____</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you employed now? <i>If yes, may we contact your present employer?</i>	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Are you a U.S. citizen or can you establish that you are an authorized worker?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work?			
Are you available to work:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Special Assignment
Are you on layoff and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last seven (7) years? <i>If yes, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate rate of pay expected: <i>(Please specify measurement, such as per hour or per year)</i>			
Do you have the physical ability to perform all essential duties of the job(s) for which you are applying? <i>If no, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? <i>If yes, please indicate:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Name

Street Address, City, State, Zip

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

	Elementary	High	College or University	Graduate or Professional
School Name				
Years Completed <i>(Circle)</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received				

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: _____

State any additional information you feel may be helpful to us in considering your employment: _____

EMPLOYMENT EXPERIENCE

Employer	Dates Employed		Work Performed
Address	<i>From</i>	<i>To</i>	
Phone			
Job Title			
Supervisor			
Reason for Leaving			

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Address	<i>From</i>	<i>To</i>	
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Phone			
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

STATEMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

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 on this application or any other pre-employment documents shall result in termination when discovered. I authorize the Marion 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. 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.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either party. 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.

Applicant's Printed Name

Applicant's Signature

Date

FOR OFFICE USE ONLY

Position Considered: _____

Interviewed By: _____ Date: _____

Accepted for employment? Yes No

Comments: _____

