

Miami County Public Health
Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

HOME ADDRESS: _____ COUNTY: _____

CITY / STATE / ZIP: _____

PHONE _____ ARE YOU AN ADULT? YES NO

EMPLOYMENT HISTORY

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____ (ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES NO

ADDRESS: _____

PHONE NUMBER: _____ DATES EMPLOYED: _____ TO _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC:

WHY DO YOU WANT TO LEAVE?

Miami County Public Health
Application for Employment

PREVIOUS EMPLOYER: _____ (ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES NO

ADDRESS: _____

PHONE NUMBER: _____ DATES EMPLOYED: _____ TO _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC:

WHY DID YOU WANT TO LEAVE?

PREVIOUS EMPLOYER: _____ (ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES NO

ADDRESS: _____

PHONE NUMBER: _____ DATES EMPLOYED: _____ TO _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC:

WHY DID YOU WANT TO LEAVE?

Miami County Public Health
Application for Employment

PREVIOUS EMPLOYER: _____ (ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES NO

ADDRESS: _____

PHONE NUMBER: _____ DATES EMPLOYED: _____ TO _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC:

WHY DID YOU WANT TO LEAVE?

PREVIOUS EMPLOYER: _____ (ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES NO

ADDRESS: _____

PHONE NUMBER: _____ DATES EMPLOYED: _____ TO _____

JOB TITLE: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC:

WHY DID YOU WANT TO LEAVE?

Miami County Public Health
Application for Employment

(If you need to list any additional previous employers, please use a blank sheet of paper to do so)

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate skills, knowledge, and abilities to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? YES NO HIGH SCHOOL EQUIVALENT? YES NO

COURSES PERTAINING TO JOB APPLIED FOR:

ACTIVITIES, AWARDS, SPORTS, ETC:

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? YES NO DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR:

ACTIVITIES, AWARDS, SPORTS, ETC:

GRADUATE SCHOOL (S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

Miami County Public Health
Application for Employment

DID YOU GRADUATE? YES NO DEGREE: _____

Please use the following space to provide any further information on training, education, skills, abilities, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT

YOU FOR A POSITION? YES NO

DO YOU POSSESS A VALID DRIVERS LICENSE: YES NO

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO:

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES NO

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions for each paragraph by placing your initials at the

Miami County Public Health
Application for Employment

end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information required is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed, by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools and personal references names in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

6. If you are hired, this application will become part of your official employment record.

Miami County Public Health
Application for Employment

Initials: _____

7. I understand and accept that if I am hired it will be my responsibility to read and understand all written policies, directives, and SOPs; and that I will be disciplined for violating them.

Initials: _____

8. I understand that racial, religious, and sexual harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited harassing behavior.

Initials: _____

9. I understand that my job may be safety-sensitive or require a CDL and that I may be sent for a drug or alcohol test at any time.

Initials: _____

10. I understand that all information that comes into my possession is to be regarded as confidential, and that I may not copy any record for my own use without written permission, on pain of termination.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH MIAMI COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Miami County Public Health
Application for Employment

(Applicant's Signature) _____ (Date) _____