

DOUGLAS COUNTY PUBLIC HEALTH SERVICES GROUP, INC. EMPLOYMENT APPLICATION

PLEASE USE TYPEWRITER OR PRINT. ATTACH YOUR RESUME (if applicable) AND ADDITIONAL SHEETS IF NEEDED.

DATE:

1. APPLICANT NAME (LAST, FIRST, MIDDLE)		2. SOCIAL SECURITY NUMBER	
3. MAILING ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)		4. COUNTY	
5. DAYTIME TELEPHONE NUMBER	6. EVENING TELEPHONE NUMBER	7. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. POSITION(S) APPLIED FOR			
9. CURRENT DEPARTMENT OR UNIT			
10. HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF THE LAW SINCE YOUR 16 TH BIRTHDAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
11. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
12. DO YOU REQUIRE ANY SPECIAL ACCOMMODATION(S) OR ADAPTATION(S) TO ASSIST YOU IN PERFORMING YOUR JOB DUTIES? IF YES, EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO			
13. ARE YOU NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			
15. CAN YOU TRAVEL IF POSITION REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. DO YOU HAVE TRANSPORTATION AVAILABLE IF YOUR JOB REQUIRES TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
17. DATE AVAILABLE FOR WORK		18. ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
19. MINIMUM STARTING SALARY YOU WILL ACCEPT \$		20. FROM WHAT SOURCE DID YOU LEARN OF THIS POSITION?	

21. EDUCATIONAL RECORD (HIGH SCHOOL, COLLEGE, UNIVERSITY, VOCATIONAL SCHOOLS, ETC.)

EDUCATIONAL SCHOOLS ATTENDED	FROM	TO	TOTAL HRS.	MAJOR or SPECIALIZATION	DEGREE/DIPLOMA
NAME of HIGH SCHOOL _____					<input type="checkbox"/> GRADUATED OR <input type="checkbox"/> G.E.D. YEAR: _____
LOCATION _____					
NAME _____					
LOCATION _____					
NAME _____					
LOCATION _____					
NAME _____					
LOCATION _____					

22. EMPLOYMENT RECORD (including military service)

IMPORTANT: Complete following **beginning with your present employment** (or if unemployed, your most recent employment) **and list your employment record in reverse order.** If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Continue in "ADDITIONAL REMARKS" section or attach extra sheet if necessary and a copy of your resume (if applicable).

1. NAME OF EMPLOYER		ADDRESS (CITY & STATE)	
		TELEPHONE	
DATE EMPLOYED (MONTH/YEAR)	DATE SEPARATED (MONTH/YEAR)	JOB TITLE	ENDING SALARY \$ PER
NO. OF MONTHS FULL TIME	NO. OF MONTHS PART-TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			
2. NAME OF EMPLOYER		ADDRESS (CITY & STATE)	
		TELEPHONE	
DATE EMPLOYED (MONTH/YEAR)	DATE SEPARATED (MONTH/YEAR)	JOB TITLE	ENDING SALARY \$ PER
NO. OF MONTHS FULL TIME	NO. OF MONTHS PART-TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			
3. NAME OF EMPLOYER		ADDRESS (CITY & STATE)	
		TELEPHONE	
DATE EMPLOYED (MONTH/YEAR)	DATE SEPARATED (MONTH/YEAR)	JOB TITLE	ENDING SALARY \$ PER
NO. OF MONTHS FULL TIME	NO. OF MONTHS PART-TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			

4. NAME OF EMPLOYER		ADDRESS (CITY & STATE) TELEPHONE	
DATE EMPLOYED (MONTH/YEAR)	DATE SEPARATED (MONTH/YEAR)	JOB TITLE	ENDING SALARY \$ PER
NO. OF MONTHS FULL TIME	NO. OF MONTHS PART- TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			

5. NAME OF EMPLOYER		ADDRESS (CITY & STATE) TELEPHONE	
DATE EMPLOYED (MONTH/YEAR)	DATE SEPARATED (MONTH/YEAR)	JOB TITLE	ENDING SALARY \$ PER
NO. OF MONTHS FULL TIME	NO. OF MONTHS PART- TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			

6. NAME OF EMPLOYER		ADDRESS (CITY & STATE) TELEPHONE	
DATE EMPLOYED (MONTH/YEAR)	DATE SEPARATED (MONTH/YEAR)	JOB TITLE	ENDING SALARY \$ PER
NO. OF MONTHS FULL TIME	NO. OF MONTHS PART- TIME	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES			

23. ADDITIONAL REMARKS:

24. LIST ANY PROFESSIONAL ORGANIZATIONS AND GROUPS TO WHICH YOU BELONG:

25. IF YOU ARE CURRENTLY CERTIFIED, REGISTERED, OR LICENSED TO PRACTICE YOUR PROFESSION OR OCCUPATION, GIVE:

1. NAME OF ASSOCIATION OR LICENSING AUTHORITY: _____
2. CERTIFICATION REGISTRATION OR LICENSE NUMBER: _____

26. GIVE NAMES OF THREE PERSONS, PREFERABLY BUSINESS OR PROFESSIONAL, AS REFERENCES (NOT RELATIVES OR EMPLOYERS)


FULL NAME	HOME OR BUSINESS ADDRESS			OCCUPATION OR BUSINESS
	STREET	CITY	STATE	TELEPHONE NUMBER
1.				
2.				
3.				

27. PROVIDE ANY OTHER INFORMATION YOU BELIEVE MAY BE PERTINENT TO THE POSITION APPLIED FOR, SUCH AS SCHOLASTIC HONORS, VOLUNTEER WORK, MEMBERSHIP IN CIVIC ORGANIZATIONS, PUBLICATIONS, SPECIAL TRAINING NOT INCLUDED ABOVE, SPECIAL SKILLS, ETC.

28. IN CASE OF EMERGENCY, CONTACT

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

29. The Douglas County Public Health Services Group, Inc. requires that all applicants for employment complete and sign an **Application for Employment**. The Center relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentation, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment. Therefore, I certify that the answers I have made to each and all of the foregoing are true and correct to the best of my knowledge and belief.

DATE		APPLICANT SIGNATURE
HR REVIEW	REQUIRED ACTION	DATE