



Tri-County Health Department

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Tri-County Health Department does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

PLEASE PRINT. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on the application. In reading and answering the following questions, be aware that none of the questions are intended to imply preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time employment Part-time employment Temporary employment

When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older Yes No
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied at Tri-County Health Department before? Yes No If yes, when? _____

Were you ever employed by Tri-County Health Department? Yes No If yes, when? _____

Do you have any friends/relatives who have been or are currently employed with Tri-County Health Department? Yes No

If yes, please list name: _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of this job? Yes No

If yes, give details _____

EDUCATION HISTORY

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____		

SPECIAL SKILLS AND PROFESSIONAL LICENSES

What skills or additional training do you have that are related to the job for which you are applying? _____

Are you Bilingual? Yes No Other language(s): _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List Professional Licenses (Nursing, Pharmacy, etc.):

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

WORK HISTORY

List names of employers in consecutive order with current or most recent employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer: Address: City, State, Zip Code: Telephone:	Supervisor(s): Employed: (mo/yr) To: (mo/yr) Title: Pay: Start \$ Final \$
Reason for Leaving:	
Duties:	
Name of Employer: Address: City, State, Zip Code: Telephone:	Supervisor(s): Employed: (mo/yr) To: (mo/yr) Title: Pay: Start \$ Final \$
Reason for Leaving:	
Duties:	
Name of Employer: Address: City, State, Zip Code: Telephone:	Supervisor(s): Employed: (mo/yr) To: (mo/yr) Title: Pay: Start \$ Final \$
Reason for Leaving:	
Duties:	
Name of Employer: Address: City, State, Zip Code: Telephone:	Supervisor(s): Employed: (mo/yr) To: (mo/yr) Title: Pay: Start \$ Final \$
Reason for Leaving:	
Duties:	

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain _____

Give three references (co-workers or supervisors, excluding relatives).

Name	Company or Relationship	Phone

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.

DISCLOSURE

Please be advised that Tri-County Health Department and/or our agent HRPLUS, may obtain reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Pursuant to the Fair Credit Reporting Act (FCRA), consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The FCRA provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

AUTHORIZATION/CONSENT AND RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize **Tri-County Health Department** and/or its agent HRPLUS, to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENT HRPLUS.

I hereby voluntarily and knowingly release and discharge Tri-County Health Department, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above **DISCLOSURE**, and I agree that a copy of this document is as valid as the original.

Print Name

Signature

Date