

**PERRY COUNTY HEALTH DEPARTMENT  
PERSONNEL POLICY MANUAL**

**APPLICATION FOR EMPLOYMENT**

**PAGE 1 OF 6**

Perry County Health Department is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, military status, religion, national origin, disability, or genetic information.

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PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM PLEASE NOTE THAT THIS COMPLETED APPLICATION FOR EMPLOYMENT FORM WILL BECOME A PUBLIC RECORD UPON SUBMISSION TO PERRY COUNTY HEALTH DEPARTMENT.  
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Date of Application\_\_\_\_\_

Name:\_\_\_\_\_ Social Security No.\_\_\_\_\_

Current Address:\_\_\_\_\_ Phone #\_\_\_\_\_

Previous 7 years Address(es):

Street	City	County	State	Zip Code

**GENERAL:**

Are you an Adult? Yes\_\_\_ No\_\_\_

For what position(s) are you applying?\_\_\_\_\_

Have you ever applied to or been employed by the state, a county, or any political subdivision thereof in Ohio? Yes\_\_\_ No\_\_\_ If yes, please explain.\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_  
If yes, please explain.\_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer?  
Yes\_\_\_ No\_\_\_ Person to contact \_\_\_\_\_ Phone No.\_\_\_\_\_

If we cannot inquire of your present employer, please explain why:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Are you on layoff and subject to recall? Yes\_\_\_ No\_\_\_

If employed, does your employment require you to continue working for your current employer, or restrict your activities after leaving your current employment, for any period of time?  
Yes\_\_\_ No\_\_\_ If yes, until what date?\_\_\_\_\_

Are you prevented from becoming lawfully employed in this Country because of VISA or Immigration Status? Yes\_\_\_ No\_\_\_ (Proof of citizenship or immigration status is required by federal law upon employment.)

Do you possess a valid Driver s License? Yes\_\_\_ No\_\_\_ State of Issuance\_\_\_\_\_ Number\_\_\_\_\_ If no, can you obtain a Driver's License prior to employment? Yes\_\_\_ No\_\_\_

Are you a resident of Ohio? Yes\_\_\_ No\_\_\_ If not, are you willing to become a resident upon employment? Yes\_\_\_ No\_\_\_

Are you a veteran of the U.S. Military service? Yes\_\_\_ No\_\_\_ If yes, what branch?  
\_\_\_\_\_

Have you been convicted of a felony? Yes\_\_\_ No\_\_\_ If yes, describe\_\_\_\_\_  
\_\_\_\_\_

(A conviction record will not necessarily be a bar to your employment. Factors such as the age and type of offense, the seriousness and nature of the violation, and your rehabilitation will be taken into account.)

Date you can start\_\_\_\_\_ Salary desired\_\_\_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION. USE ADDITIONAL PAPER IF NECESSARY.

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<u>Date</u> <u>Month &amp; Year</u>	<u>Name &amp; Address</u> <u>of Employer</u>	<u>Wage or</u> <u>Salary</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From_____ To_____	_____	_____	_____	_____
From_____ To_____	_____	_____	_____	_____

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From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

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**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 THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION. USE ADDITIONAL PAPER IF NECESSARY.

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<u>School</u>	<u>Name &amp; Location</u>	<u>Did You Graduate?</u>	<u>Subjects Studied</u>
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High School \_\_\_\_\_

Trade, Business,  
or Technical  
School \_\_\_\_\_  
College \_\_\_\_\_

Other Special  
Study or Research  
Work \_\_\_\_\_

REFERENCES:      Give the names of three persons not related to you whom you have known at least one (1) year.

<u>Name</u>	<u>Address &amp; Phone No.</u>	<u>Occupation &amp; Years Acquainted</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, CERTIFICATIONS, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.  
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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.  
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**APPLICANT S CERTIFICATION AND AGREEMENT**  
**Please Read This Statement Carefully**

1. I understand and accept that, depending upon the position for which I am applying, if I am employed by Perry County Health Department, my employment may be for no definite period of time and may be terminated, with or without cause or notice at any time, at the option of either Perry County Health Department, or myself. I understand that no representative of Perry County Health Department, other than the Appointing Authority, has any authority to enter into any agreement or to make any agreement with me contrary to the foregoing, except that the Appointing Authority of Perry County Health Department may do so in writing under specific limited circumstances.

Initials: \_\_\_\_\_

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2. I understand and accept that, if I am selected for employment, my initial and continued employment may be conditioned upon my passing any 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:\_\_\_\_\_
  
3. 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 or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the Perry County Health Department. Initials:\_\_\_\_\_
  
4. I understand and accept that if any information required in this application 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:\_\_\_\_\_
  
5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also 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:\_\_\_\_\_
  
6. I hereby authorize the employers, schools, and personal references named 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:\_\_\_\_\_

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**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 recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.**

**Read carefully before signing: I agree that any claim of lawsuit relating to my service with the Perry County Health Department must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**

