



Tuscarawas County Health Department

Employment Application

Tuscarawas County Services does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability or any other protected class. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety.

All applications must clearly indicate how the *minimum qualifications* and *essential functions* of the position(s) are met. Applications that do not indicate this will not be given consideration.

POSITION DESIRED: _____

PERSONAL INFORMATION

Name: _____
Last M.I. First Date of Application

_____ Social Security Number
Disclosure of SSN is voluntary; upon appointment and pursuant to Section 5101.312 of Ohio Revised Code, a request for disclosure of SSN is mandatory.

Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.

Present Address: _____
Street Address City State Zip Code

Telephone: (____) _____ (____) _____ (____) _____
Home Cell Work

Are you of legal age to work in the United States? Yes No

Have you ever been employed by the state, city, county or other public service of Ohio? Yes No

Dates/Location of Prior Service

Do you have any relatives who are currently employed by the County? Yes No

If yes, list employee's name and relationship. _____

Referral Sources: Advertisement Friend Relative Employment Agency Other

EMPLOYMENT INTERESTS, SKILLS, LICENSES, ETC.

Summarize any special training, skills, licenses/certifications, professional qualifications that may be beneficial in the performance of any job-related functions.

Are you able to meet the attendance requirements of this position? Yes No
Explain any scheduling conflicts due to outside interests and/or commitments

If the position requires travel, can you supply your own transportation? Yes No



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EDUCATION

Educational Level	School Name/Location	Course of Study or Major	Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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EMPLOYMENT HISTORY

Please provide the following information on former employers, assignments, or volunteer activities, beginning with your present or most recent position. (You may submit a resume in addition to completing this section.) If you need additional space, attach extra copies of this page.

JOB TITLE:			
Employer:	_____	Telephone:	(____) _____
Address:	_____		
Employed From:	_____	To:	_____ Involuntarily Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	_____		
Salary Beginning:	\$ _____/hr.	Salary Ending:	\$ _____/hr.
Immediate Supervisor/Title:	_____	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities:	_____		
Comments:	_____		
JOB TITLE:			
Employer:	_____	Telephone:	(____) _____
Address:	_____		
Employed From:	_____	To:	_____ Involuntarily Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	_____		
Salary Beginning:	\$ _____/hr.	Salary Ending:	\$ _____/hr.
Immediate Supervisor/Title:	_____	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities:	_____		
Comments:	_____		
JOB TITLE:			
Employer:	_____	Telephone:	(____) _____
Address:	_____		
Employed From:	_____	To:	_____ Involuntarily Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	_____		
Salary Beginning:	\$ _____/hr.	Salary Ending:	\$ _____/hr.
Immediate Supervisor/Title:	_____	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities:	_____		
Comments:	_____		



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SKILL EXPERIENCE INVENTORY

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

All information is subject to verification.

Clerical/Administrative Support	
<input type="checkbox"/> Keyboarding _____ wpm	<input type="checkbox"/> Accounting
<input type="checkbox"/> Customer Service (human relations)	<input type="checkbox"/> Cash Handling
<input type="checkbox"/> Legal Terminology	<input type="checkbox"/> Report/Letter Writing
<input type="checkbox"/> Multi-line Phone System	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Dictation	<input type="checkbox"/> Document Imaging/Scanning
<input type="checkbox"/> Other _____	

Computer Skills	
<input type="checkbox"/> Word Processing _____	<input type="checkbox"/> Hardware Installation/Repair
<input type="checkbox"/> Spreadsheets _____	<input type="checkbox"/> System Maintenance
<input type="checkbox"/> Presentation Software _____	<input type="checkbox"/> Peripherals (printers, scanners, etc.)
<input type="checkbox"/> Software Installation	
<input type="checkbox"/> Other _____	

Case Management	
<input type="checkbox"/> Case Plan Development	<input type="checkbox"/> Investigations
<input type="checkbox"/> Information and Referral	<input type="checkbox"/> Spanish Interpretation
<input type="checkbox"/> Counseling	<input type="checkbox"/> Interviewing
<input type="checkbox"/> Social Service Programming	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Other _____	

Administrative	
<input type="checkbox"/> Supervision	<input type="checkbox"/> Program/Operations Planning
<input type="checkbox"/> Fiscal Management	<input type="checkbox"/> Human Resources Management
<input type="checkbox"/> Policy Development	<input type="checkbox"/> Marketing (media and public relations)
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Regulatory Compliance Oversight
<input type="checkbox"/> Other _____	

AFFILIATIONS

List professional, trade, business, or civic organizations and offices/licenses held. (Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)

_____	Office
_____	Office
_____	Office
_____	Office



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REFERENCES

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work-related reference.
Exclude relatives and personal references.

Name/Title	Address	Phone
1.		()
2.		()
3.		()



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CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted an interview or employment. I further understand that this application will be maintained on file for future reference for at least two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check, and that all applicants may be required to undergo a criminal records check dependent on the position.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can 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.

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize Tuscarawas County to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

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.

I understand that I may be asked during the employment process if I have been convicted of a felony or misdemeanor for job-related matters but such convictions may not automatically render applicants ineligible for employment.

I waive all provisions of law forbidding colleges or universities which I have attended or past employers from disclosing any information which they have acquired relevant to my employment.

Applicant's Signature

Date