



## APPLICATION FOR EMPLOYMENT

Greene County Public Health is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, age, national origin, ancestry, disability, military status, genetic information, or any other legally protected characteristic.

**(PLEASE PRINT)**

### Position Being Applied For:

**Job Title:** \_\_\_\_\_ **Position Control Number:** \_\_\_\_\_

**Application Deadline Date:** \_\_\_\_\_

### Personal Information

**Legal Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Number Street City State Zip Code

**Telephone #:** ( ) \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Have you ever been employed by Greene County before?  Yes  No Date: \_\_\_\_\_

Location: \_\_\_\_\_

Do you want to work:  Full time  Part time

Do you have the legal right to live and work in the United States?  Yes  No

Are you over 18 years of age?  Yes  No

Please list any relatives employed by Greene County Public Health:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### Military Experience

Are you a Veteran?  Yes  No If yes, what branch of the Service? \_\_\_\_\_

Rank? \_\_\_\_\_ Dates of Service? \_\_\_\_\_

**Education (High School)**

High School Graduate?     Yes         No

Name and Location of High School (City and State): \_\_\_\_\_

GED Certificate # \_\_\_\_\_ GED Issued by: \_\_\_\_\_

Are you currently attending school (for College Intern and Student Help positions)?     Yes         No

Level? \_\_\_\_\_

**Education (Post-High School)**

Including technical school, business school, professional school, college, and university.

School Name & Location	Major Area of Study	Type of Degree or Certification Attained

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area.

**NOTE:** A transcript may **not** be substituted for this section, although you may be required to submit one.

Coursework Area	# of Courses	Coursework Area	# of Courses

**Training & Other Qualifications**

(Do not include coursework already described above.)

Subject or Title of Training	Organization	Length of Training

List special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skills, including word processing, spreadsheet and database programs. Please indicate the specific software: \_\_\_\_\_

List special clerical skills, including typing, and shorthand/speedwriting: \_\_\_\_\_  
Speed: \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

**License, Registration, & Certificates**

(Be sure to include any valid driver license or commercial driver license if required for the job title.)

License/Certification Issued By	Field/Trade/Specialization	License/Certification #	Expires

**Employment Experience**

List your entire work history. Start with **PRESENT** or **LAST** job and attach extra copies of this page if additional space is needed. Include military service assignments and volunteer activities. **NOTE:** In order to be considered for employment, you **MUST** fill in the information accurately and completely. You may submit a resume in addition to completing this section.

**May we contact your present employer?**

- Yes       No

		Dates		Job Duties
Employer		From	To	
Address				
Title				
Supervisor				
Reason for Leaving				
<b>Employer</b>				
Address				
Title				
Supervisor				
Reason for Leaving				
<b>Employer</b>				
Address				
Title				
Supervisor				
Reason for Leaving				
<b>Employer</b>				
Address				
Title				
Supervisor				
Reason for Leaving				

**Summary of Qualifications**

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Refer to the position opening.

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**DO NOT WRITE IN THIS SPACE – FOR GREENE COUNTY PUBLIC HEALTH USE ONLY**

RECEIVED AFTER POSITION CLOSING DATE

INCOMPLETE

**Release and Authorization**

There are a number of Greene County Public Health activities that may be initiated to review and investigate the appropriate background information on an applicant. The purpose of this document is to present these investigative activities to the applicant to ensure they are understood and have been agreed to by the person seeking employment with Greene County Public Health.

We, therefore, ask that you please read, complete, and sign this form in addition to completing the Greene County Public Health Application for Employment.

**Background Review Activities**

Greene County Public Health may conduct the following investigative activities as part of the background review of prospective employees. Your signature below indicates you understand these activities and you authorize them to be performed with the conditions specified below.

1. If you are applying for a position and have been convicted of any misdemeanor offense involving children or the unborn as a victim of the offense, or any misdemeanor conviction involving threat or potential threat to the public health or welfare, or any misdemeanor offense involving dishonesty or a breach of public trust, or a felony, you may not be eligible to hold certain positions with the health district. In addition, you authorize Greene County Public Health to undertake a criminal records check with law enforcement officials.
2. You authorize Greene County Public Health to obtain a Motor Vehicle Record report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.

I, \_\_\_\_\_, have read and understand the above and further understand that misrepresentation or omission of facts herein, or in the Greene County Public Health Application for Employment may result in a refusal to hire or if discovered after employment may result in termination regardless of when such information is discovered.

I also understand that the process may include, but may not be limited to background investigations with federal, state, and local law enforcement officials, the Bureau of Motor Vehicles, former employers, and any personal references. I also understand that information obtained in the investigation process will be used in determining my eligibility for employment with Greene County Public Health.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## PRE-EMPLOYMENT INFORMATION FORM

Greene County Public Health is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, age, national origin, ancestry, disability, military status, genetic testing, or any other legally protected characteristic.

**(COMPLETION OF THIS FORM IS VOLUNTARY)**  
**(ANSWER ALL QUESTIONS – PLEASE PRINT)**

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, age, national origin, ancestry, disability, military status, genetic information, or any other legally protected characteristic.

To help Greene County Public Health comply with federal and state equal employment opportunity record keeping, reporting, and other legal requirements, we request you supply the following information. This information will in no way impact the processing of your application or consideration for employment.

This Pre-Employment Information Form will be kept in a confidential file separate from the attached Greene County Public Health Application for Employment. This Pre-Employment Information Form will not be maintained in the employee’s personnel file if the applicant is selected for hire.

**Date:** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Birth date:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Race/Ethnic Group:**

- White
- Black
- Hispanic
- Native American/Alaskan Native
- Asian/Pacific Islander

**Sex:**

- Female
- Male

Are you an individual with a physical or mental impairment that substantially limits one or more of your major life activities?  Yes  No

Are you a Veteran?  Yes  No

How did you learn about this position?

Newspaper Advertisement

Posting

Electronic/Computer Posting

Other \_\_\_\_\_