**EMPLOYMENT APPLICATION** revised 02-27-19

AGENCY STATEMENT

An applicant for employment with RPH is a person who, at the request of RPH, completes and signs an Employment Application form between the posting date and the filing deadline for a specific open position. A completed application is required for each position applied for.

Every applicable blank must be filled out to ensure proper evaluation. A resume may be attached, but may not serve as a substitute for any part of the Employment Application form. Do not refer to resume or previously submitted applications. Incomplete or unsigned applications will not be accepted.

All qualified applicants will be considered for employment without regard to race, color, sex, age, religion, national origin, handicap, veteran status, marital status, non-job related medical conditions or disability that can be reasonably accommodated.

Any applicant having a disability for which an accommodation is needed, please notify us.

Date of Application \_ \_ Specific position applied for

First Name Middle Initial \_ Last Name \_

Address \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip

Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_

How did you hear of this position? □ Advertisement in \_ □ Employment Agency

□ Friend \_\_\_\_\_\_\_\_\_\_ □ Relative\_\_\_\_\_\_ \_\_\_\_\_\_ □ Walk-In □ Other

Are you available to work □ Full-time □ Part-time □ Other \_ \_ Date available for work \_

Are you legally eligible for employment in the United States? □ Yes □ No Have you ever been employed by the Health Department? □ Yes □ No

If yes, when? From \_ \_ to \_

Are you a relative of an employee of RPH? □ Yes □ No

If yes, provide employee’s name and relationship \_

If job requirement, can you supply your own transportation for work use? □ Yes □ No If job requirement, do you have a valid Ohio Driver’s License? □ Yes □ No If job requirement, do you have a personal telephone? □ Yes □ No

**EQUAL OPPORTUNITY EMPLOYER/PROVIDER TOBACCO FREE ENVIRONMENT**

# EXPERIENCE

Please list all previous employers. Begin with your present or last job. A resume may be included with this section, but may not replace it. Please fill in all information including months and years employed with each employer.

1. Employer Address \_ \_ Supervisor Name \_ Title Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Employer Address \_ \_ Supervisor Name \_ Title Telephone Number \_ Position Held \_ Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

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1. Employer Address \_ \_ Supervisor Name \_ Title Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Reason for Leaving \_ \_

# EXPERIENCE continued

1. Employer Address \_ \_ Supervisor Name \_ Title \_\_ Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Employer Address \_ \_\_\_\_\_\_\_\_\_\_ Supervisor Name \_ Title Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

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1. Employer Address \_ \_ Supervisor Name \_ Title Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_ \_\_\_\_\_\_\_\_\_

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# EXPERIENCE continued

1. Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name \_ Title Telephone Number \_ Position Held \_\_\_\_\_\_\_\_\_\_\_ Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

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1. Employer Address \_ \_ Supervisor Name \_ Title Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

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1. Employer Address \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name \_ Title Telephone Number \_ Position Held Length of Employment From: Month/Year \_ \_ To: Month/Year \_

Beginning Salary\_ Ending Salary: \_

Duties Performed \_

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# EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
|  | HIGH SCHOOL | COLLEGE/UNIVERSITY | GRADUATE/PROFESSIONAL |
| SCHOOL NAME |  |  |  |
| YEARS COMPLETED | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| DIPLOMA/DEGREE |  |  |  |
| DESCRIBE COURSE OF  STUDY |  |  |  |
| DESCRIBE SPECIALIZED TRAINING/SKILLS |  |  |  |

Do you possess any licenses or certificates? □ Yes □ No If yes, give the following information:

Title \_

License # \_ Certificate # \_ \_\_\_\_\_\_\_\_

Date Issued \_ \_ Issuing State \_

Expiration Date

Title \_ License # \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate # \_

Date Issued \_ \_ Issuing State \_

Expiration Date

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License # \_ Certificate # \_

Date Issued \_ \_ Issuing State \_

Expiration Date

Have you ever been employed in the State or County Service of Ohio? □ Yes □ No May we contact the employers listed on this application? □ Yes □ No

If no, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Please summarize any additional information or special qualifications/skills you have that you wish us to know as we consider you for a position with Richland Public Health.

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**APPLICANT’S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant Date

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