



EMPLOYMENT APPLICATION

revised 01-28-26

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. _____ Email address _____

How did you hear of this position? Friend _____ Relative _____ Walk-In

Employment Website _____ Employment Agency 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 relative of an employee of RPH?

If yes, provide employee's name and relationship _____

Have you ever been employed in the State or County Service of Ohio?

If job requirement, can you supply your own transportation for work use?

If job requirement, do you have a valid Ohio Driver's License?

If job requirement, do you have a personal telephone?

Social Security Number can be given at employment offer.

EXPERIENCE

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

IF YOU NEED ADDITIONAL SPACE, ATTACH EXTRA COPIES OF THIS PAGE.

Employer _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____
Reason for Leaving _____
Job Title _____
Job Duties _____

From _____ / _____ / _____
Month / Day / Year
To _____ / _____ / _____
Month / Day / Year
Salary _____
Supervisor's Name and Title

Employer _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____
Reason for Leaving _____
Job Title _____
Job Duties _____

From _____ / _____ / _____
Month / Day / Year
To _____ / _____ / _____
Month / Day / Year
Salary _____
Supervisor's Name and Title

Employer _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____
Reason for Leaving _____
Job Title _____
Job Duties _____

From _____ / _____ / _____
Month / Day / Year
To _____ / _____ / _____
Month / Day / Year
Salary _____
Supervisor's Name and Title

Employer _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____
Reason for Leaving _____
Job Title _____
Job Duties _____

From _____ / _____ / _____
Month / Day / Year
To _____ / _____ / _____
Month / Day / Year
Salary _____
Supervisor's Name and Title

Employer _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____
Reason for Leaving _____
Job Title _____
Job Duties _____

From _____ / _____ / _____
Month / Day / Year
To _____ / _____ / _____
Month / Day / Year
Salary _____
Supervisor's Name and Title

EDUCATION

High School Name	City, State
Course Work	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

College (Undergraduate)	City, State
Course Work	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your degree?

College (Graduate)	City, State
Course Work	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your degree?

LICENSES, REGISTRATION, AND CERTIFICATES

License/Certification Issued By	Field/Specialization	License/Certificate Number	Expires

May we contact the employers listed on this application? Yes No

If no, please explain _____

Have you ever been terminated or asked to resign? Yes No

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.

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