

Huron County General Health District Employment Application

An Equal Opportunity Employer

The Health District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____ Home Phone _____

Email Address _____

Current Address:
Number and street _____ City _____ Zip _____

How were you referred to Health District? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work? _____

If hired, on what date could you start working? ____ / ____ / ____

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for the District before? [] Y or [] N

If yes, please explain (include date): _____

If hired, would you have transportation to/from work? [] Y or [] N

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration date _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed

(Note: The Health District complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma earned: _____

College / University:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? Y or N
Degree / diploma earned: _____

Vocational School:

Name: _____
Address: _____
City, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma? : _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/duties: _____
Related details: _____

Additional Information

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?
[] Y or [] N

If yes, please explain _____

Employment History

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type:[_____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____

Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the Health District, terms for my immediate expulsion from the District.

I permit the Health District to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Health District, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____