

**JASPER NEWTON COUNTY PUBLIC HEALTH DISTRICT
APPLICATION FOR EMPLOYMENT**

Date: _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. The Jasper Newton County Public Health District (JNCPHD) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different positions, titles, but **each copy must have an original signature. Resumes will not be accepted in lieu of applications.** This application becomes public record and is subject to disclosure.

NAME _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle)

MAILING ADDRESS (Current) _____ Telephone () _____
(Street) (City) (State) (Zip)

List any other names used if different from name given on this application. _____

LIST EXACT TITLE OF POSITION OR TYPE OF WORK FOR WHICH YOU WISH TO APPLY _____
 Are you willing to work hours other than 8-5? Yes ___ No ___
 Full Time ___ Part Time ___ Summer ___ Temp/Project ___ Date available for work: _____
 Are you willing to work days other than Monday - Friday? Yes ___ No ___
 Are you willing to travel? Yes ___ No ___ If yes, what percent of time? _____

Drivers License (if required for this position) _____
(State) (Number)
 Class A ___ Class B ___ Class C ___ Class M ___ Class A Commercial ___ Class B Commercial ___
 Class C Commercial ___ Class M Commercial ___

Geographic preference. (Be specific to city/area. If no preference, state none) _____

Have you ever been convicted of a felony? Yes ___ No ___ If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will. **Note: Jasper Newton County Public Health District may require additional information related to convictions or misdemeanors and deferred adjudication.**

EDUCATION: (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes ___ No ___

Type of School	Name and Location of School	Dates Attended	Semester/Clock Hours Completed	Graduated		Expected Gradation Date	Type of Diploma or Degree	Major/Minor Field of Study
				Yes	No			
High School								
Technical, Vocational, or Business Schools								
Undergraduate Colleges or Universities								
Graduate Schools								

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (RN, LVN, CPA, Etc.)	Date Issued	Issued by (State or other authority)	License No.	Location of Issuing Authority (city & state)

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc. _____

Approximate Words Per Minute in Typing _____ (if required for this position)

Sign Language (if required for this position) yes ___ no ___ Are you a certified interpreter? yes ___ no ___

Do you speak a language other than English? (if required for this position) yes ___ no ___

If yes, what language(s) do you speak? _____

How fluently? Fair ___ Good ___ Excellent ___

Have you ever been employed by Jasper Newton County Public Health District? yes ___ no ___

If you have been previously employed by Jasper Newton County Public Health District, list dates, positions.

Do you have any relatives working for this agency? yes ___ no ___ If yes, list the names, relationships, city where employed.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Jasper Newton County Public Health District will check with the Texas Department of Public Safety and/or Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED

Sign Here > _____ Date: _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this continued employment history sheet or attach a typed employment history providing the same information format as this application form.

Name: _____

_____ Last Name
_____ First Name
_____ Middle Name
_____ Social Security No.

Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () Starting Date: _____ Leaving Date: _____ Final Salary: _____ Technical ____ Non-Managerial ____ Supervisory/Managerial ____	Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. () Is supervisory, number of employees you supervised _____	Full Time ____ Part Time ____ Summer ____ Temp/Project ____ Give average number of hours worked per week if part-time ____
Summary of experience: Specific reason for leaving:		

Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () Starting Date: _____ Leaving Date: _____ Final Salary: _____ Technical ____ Non-Managerial ____ Supervisory/Managerial ____	Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. () Is supervisory, number of employees you supervised _____	Full Time ____ Part Time ____ Summer ____ Temp/Project ____ Give average number of hours worked per week if part-time ____
Summary of experience: Specific reason for leaving:		

EMPLOYMENT HISTORY CONTINUATION SHEET

Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () Starting Date:_____ Leaving Date:_____	Immediate Supervisor Name _____ _____ Title _____ Supervisor's Telephone No. () Is supervisory, number of employees you supervised _____	Full Time ____ Part Time ____ Summer ____ Temp/Project ____ Give average number of hours worked per week if part-time ____
Summary of experience: Specific reason for leaving:		

Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: () Starting Date:_____ Leaving Date:_____	Immediate Supervisor Name _____ _____ Title _____ Supervisor's Telephone No. () Is supervisory, number of employees you supervised _____	Full Time ____ Part Time ____ Summer ____ Temp/Project ____ Give average number of hours worked per week if part-time ____
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