

R. Joseph Ebel, R.S., M.S., M.B.A.
Health Commissioner



(740) 349-6535
(740) 349-6474 WIC
(740) 349-6475 Environmental
(740) 349-6476 Nursing
(740) 349-6510 FAX
www.lickingcohealth.org

Licking County Health Department

675 Price Road Newark, Ohio 43055-9546

Employment Application

Thank you for your interest in employment with the Licking County Health Department (LCHD). LCHD is an Equal Opportunity Employer and all applicants will be given equal consideration regardless of race, age, sex, disability, religion and national origin. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law. LCHD's policy requires that all persons interested in employment complete a written application for a position which has been advertised and for which they are qualified. A resume alone is not sufficient to consider an individual as an applicant.

Please read before completing this application. If you have any questions or need assistance, please call (740) 349-6498. I have read and understand the foregoing.

Signature _____

Date _____

PERSONAL INFORMATION USE A PEN AND PLEASE PRINT

Name _____ Social Security No. _____
Last First MI

Present Address _____
Number Street City State ZIP

Home Phone #: _____ Daytime phone # where we may reach you _____

Have you ever used or been known by any other name(s) including first name (ie., nickname or common name)?

_____ Yes _____ No If yes, please indicate additional names _____

Can you, after employment, submit verification of your legal right to work in the United States? _____ Yes _____ No

Position applied for: _____

Have you ever been employed by another public agency in Ohio? _____ Yes _____ No

If yes, please specify location(s) and date(s) _____

I certify that I do not use tobacco or nicotine containing products. (Applicants who use of nicotine or tobacco will not be considered for employment. Applicants may reapply for a position after they have been nicotine or tobacco-free for 90 days.)

JOB INTERESTS

How did you learn about employment opportunities with the Licking County Health Department?

Newspaper Ad Friend Job Posting Website Other (Specify) _____

Type of work desired: _____ Full Time _____ Part Time _____ Temporary

If you are offered employment, on what date will you be available to begin work?

Salary requirements: \$ _____ per _____

EDUCATION

School Level	Name & Location (City/State)	Number of Years Attended	Did You Graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College/ University				
Graduate/ Professional				

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED "See Resume" is not acceptable.

<p>Start with present or most recent employment. Please account for any period of unemployment.</p> <p>Employer: _____ Phone No. _____</p> <p>Address: _____</p> <p>Position: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving: _____</p>	<p>From: (mo.) _____ (yr.) _____</p> <p>To: (mo.) _____ (yr.) _____</p> <p>Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/></p> <p>Starting Salary: \$ _____</p> <p>Last Salary: \$ _____</p> <p>Contact Current Employer ?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supervisor's Name: _____</p>
---	--

Employer: _____ Phone No. _____	From: (mo.) _____ (yr.) _____
Address: _____	To: (mo.) _____ (yr.) _____
Position: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name: _____
Reason for leaving: _____	_____

Employer: _____ Phone No. _____	From: (mo.) _____ (yr.) _____
Address: _____	To: (mo.) _____ (yr.) _____
Position: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name: _____
Reason for leaving: _____	_____

Employer: _____ Phone No. _____	From: (mo.) _____ (yr.) _____
Address: _____	To: (mo.) _____ (yr.) _____
Position: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name: _____
Reason for leaving: _____	_____

Have you ever been terminated or have you resigned after being told you would be terminated? Yes No

If yes, please explain _____

List relevant seminars, specialized courses, etc.:

Office Skills:

Keyboarding _____ wpm Computer (Type):: _____

Please list specific software in which you have skills, including word processing, spreadsheet, and database programs.

Other Specialized Skills:

Please list special equipment or machines you can operate:

LICENSES, REGISTRATION AND CERTIFICATES Be sure to include any valid driver license or commercial driver license if the operation of a motor vehicle will be required in the course of your employment.			
License/Certification Issued by:	Field/Trade/Specialization	License/Certificate Number	Expires

Please list three (3) prior **work** references (persons familiar with your employment skills and abilities) whom this department has permission to contact.

No personal references, please.

PRIOR WORK REFERENCES		
Name	Address	Phone

ACKNOWLEDGMENTS/AUTHORIZATIONS

Please read carefully. If you have any questions regarding any of the statements, please call (740) 349-6498.

1. To the best of my knowledge, the facts set forth in my application for employment are true and complete, I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment.
2. I agree that if I accept employment with the LCHD, I will produce documents establishing my identity and work authorization and college transcripts as a condition of employment.
3. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.
4. I understand that applicants for employment at the LCHD will be asked about their use of nicotine and tobacco as part of the pre-employment application process. *Applicants who declare use of nicotine or tobacco use will not be considered for employment.* Applicants may reapply for a position after they have been nicotine or tobacco-free for 90 days. Employees hired after January 1, 2014 shall not use nicotine or tobacco products at any time. Upon reasonable suspicion that such employee is using a nicotine or tobacco product, they shall be subject to mandatory testing. A positive test for nicotine shall be sufficient cause for termination.
5. Based upon the position for which I am applying, I understand it may be necessary to investigate my financial and credit record through a credit reporting agency. Therefore, I authorize LCHD to investigate my financial and credit record through any credit agency or bureau of its choice. I understand that the LCHD, upon my written request, will disclose to me the nature and scope of any credit investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that the LCHD shall so advise me and provide me with the name and address of the consumer agency making the report.
6. Based upon the position for which I am applying, I understand it may be necessary to investigate my driving record through the Bureau of Motor Vehicles. Therefore, I authorize LCHD to submit a request for a driver's abstract report. I understand that the LCHD, upon my written request, will disclose to me the nature and scope of any investigation. If this application is denied either wholly or partly because of information contained in the report, I understand that the LCHD shall so advise me and provide me with a copy of the report.
7. I also understand that any offer of employment which may be made to me by the LCHD is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to LCHD to conduct a drug test that will be performed by a laboratory selected by LCHD.

I understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer which may be made to me will be null and void.
8. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application, to release to the Licking County Health Department any and all information, personal or otherwise that may or may not be on their records, and I hereby release said law enforcement agencies, employers and educational institutions from liability for any damage or injury to me arising out of the release of such information.

Signature of Applicant _____ Date _____

Please return this completed application, along with any supporting documents that you would like considered to:
Licking County Health Department
675 Price Rd.
Newark OH 43055
FAX: (740) 349-6510
Email: jebel@lickingcohealth.org

Employee Relationship Declaration

Applicant's Name: _____

Position for which applicant is applying: _____

In order to ensure that hiring and supervision of employees in Licking County Government are conducted in a manner that enhances public confidence in government and prevents situations, which give the appearance of partiality, preferential treatment, improper influence, or a conflict of interest, please provide the requested information below.

Considering the relationship definitions below...

Family Member	Family member includes: Spouse, child, sibling, parent, grandparent, grandchild, uncle, aunt, nephew, niece, father or mother in law, son or daughter in law, brother or sister in law, grandparent in law, stepfather or mother, step brother or sister, stepson or daughter, half brother or sister, and legal guardian or other person who stands in the place of a parent.
----------------------	--

Household Member	Household member includes people living in the same household who are not legally married or related.
-------------------------	---

Business Associate	Business associate includes individuals who are joined together in a relationship for business purposes or acting together to pursue a common business purpose or enterprise.
---------------------------	---

Are there any current County employees with whom you share one or more of the above relationships?

Yes No

If "Yes," please provide the County department or office in which the individual works, and his/her position title.

<u>County Department/Office</u>	<u>Position Title</u>

With my signature below, I certify that I have indicated above any and all current County employees with whom I have a relationship as defined herein. I understand and acknowledge that any intentional misrepresentation or omission of pertinent information requested via this form may result in my failure to receive an offer of employment or my termination from employment with Licking County Government, Ohio.

Signature: _____

Date: _____