

Licking County Health Department Application for Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever used or been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> (list other names)		
Are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been employed by a public agency in Ohio? Yes <input type="checkbox"/> No <input type="checkbox"/> (list employer and dates)		
Do you currently use tobacco or other nicotine containing products? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been fired or resigned when told you would be fired? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please explain)		
Type of work desired? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/>	Have you ever used or been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> (list other names)		

Education

School name	Location	Years attended	Degree received	Major

Specialized skills, courses, licenses, certifications, or training.

References (business and professional only)

Name	Title	Company	Phone

Employment History

Current or most recent Employer (1)	Job title		Dates employed
Work phone	Supervisor's name		Ending pay rate
Address	City	State	Zip
Job duties			
Reason for leaving			

Employer (2)	Job title		Dates employed
Work phone	Supervisor's name		Ending pay rate
Address	City	State	Zip

Employer (3)	Job title		Dates employed
Work phone	Supervisor's name		Ending pay rate
Address	City	State	Zip

Employer (4)	Job Title		Dates employed
Work phone	Supervisor's name		Ending pay rate
Address	City	State	Zip

Employer (5)	Job title		Dates employed
Work phone	Supervisor's name		Ending pay rate
Address	City	State	Zip

Signature and Certification

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. 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.

Successful candidates will be subject to pre-employment drug screening.

The Licking County Health Dept. is an Equal Opportunity Employer and does not discriminate against any employee or candidate for employment on the basis of race, color, religion, sex, pregnancy, national origin (ancestry), military status (past, present or future), disability, age (40 years of age or older), genetic information, or sexual orientation, as those terms are defined in Ohio or federal law, in making any employment-related decisions.

Name (please print)

Signature

Date