



EMPLOYMENT APPLICATION

revised 03-01-2016

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. _____ Social Security No. _____

How did you hear of this position? Advertisement in _____ Employment Agency
 Friend _____ Relative _____ Walk-In 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 a relative of an employee of RPH? Yes No

If yes, provide employee's name and relationship _____

If job requirement, can you supply your own transportation for work use? Yes No

If job requirement, do you have a valid Ohio Driver's License? Yes No

If job requirement, do you have a personal telephone? Yes No

**EQUAL OPPORTUNITY EMPLOYER/PROVIDER
TOBACCO FREE ENVIRONMENT**

EXPERIENCE

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

1. Employer _____

Address _____

Supervisor Name _____ Title _____

Telephone Number _____ Position Held _____

Length of Employment From: Month/Year _____ To: Month/Year _____

Beginning Salary _____ Ending Salary: _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____

Address _____

Supervisor Name _____ Title _____

Telephone Number _____ Position Held _____

Length of Employment From: Month/Year _____ To: Month/Year _____

Beginning Salary _____ Ending Salary: _____

Duties Performed _____

Reason for Leaving _____

3. Employer _____

Address _____

Supervisor Name _____ Title _____

Telephone Number _____ Position Held _____

Length of Employment From: Month/Year _____ To: Month/Year _____

Beginning Salary _____ Ending Salary: _____

Duties Performed _____

Reason for Leaving _____

EXPERIENCE continued

4. Employer _____
Address _____
Supervisor Name _____ Title _____
Telephone Number _____ Position Held _____
Length of Employment From: Month/Year _____ To: Month/Year _____
Beginning Salary _____ Ending Salary: _____
Duties Performed _____

Reason for Leaving _____

5. Employer _____
Address _____
Supervisor Name _____ Title _____
Telephone Number _____ Position Held _____
Length of Employment From: Month/Year _____ To: Month/Year _____
Beginning Salary _____ Ending Salary: _____
Duties Performed _____

Reason for Leaving _____

6. Employer _____
Address _____
Supervisor Name _____ Title _____
Telephone Number _____ Position Held _____
Length of Employment From: Month/Year _____ To: Month/Year _____
Beginning Salary _____ Ending Salary: _____
Duties Performed _____

Reason for Leaving _____

EXPERIENCE continued

7. Employer _____
Address _____
Supervisor Name _____ Title _____
Telephone Number _____ Position Held _____
Length of Employment From: Month/Year _____ To: Month/Year _____
Beginning Salary _____ Ending Salary: _____
Duties Performed _____

Reason for Leaving _____

8. Employer _____
Address _____
Supervisor Name _____ Title _____
Telephone Number _____ Position Held _____
Length of Employment From: Month/Year _____ To: Month/Year _____
Beginning Salary _____ Ending Salary: _____
Duties Performed _____

Reason for Leaving _____

9. Employer _____
Address _____
Supervisor Name _____ Title _____
Telephone Number _____ Position Held _____
Length of Employment From: Month/Year _____ To: Month/Year _____
Beginning Salary _____ Ending Salary: _____
Duties Performed _____

Reason for Leaving _____

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME			
YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE			
DESCRIBE COURSE OF STUDY			
DESCRIBE SPECIALIZED TRAINING/SKILLS			

Do you possess any licenses or certificates? Yes No

If yes, give the following information:

Title _____

License # _____ Certificate # _____

Date Issued _____ Issuing State _____

Expiration Date _____

Title _____

License # _____ Certificate # _____

Date Issued _____ Issuing State _____

Expiration Date _____

Title _____

License # _____ Certificate # _____

Date Issued _____ Issuing State _____

Expiration Date _____

Have you ever been employed in the State or County Service of Ohio? Yes No

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

If no, 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