

Central District Health Department EMPLOYMENT APPLICATION

1137 South Locust Street, Grand Island NE 68801
Phone: (308) 385-5175 Ext. 164 Fax: (308) 385-5181 E-mail: health@cdhd.ne.gov

The Central District Health Department is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Date: _____

Please Print

Application should be completed in its entirety, without reference to attached resume.

Applicant Information

Name: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone: (____) _____ Message #: (____) _____

Do you have a valid driver's license? ____ State/License #: _____

List your age if you are younger than eighteen. _____

Have you ever applied to, or worked for the Central Dist. Health Dept. before? ____ If yes, when? ____

Do you have any friends or relatives working for the Central District Health Department? _____

If yes, state name and relationship: _____

How did you hear about us/this opening? _____

Criminal History

A criminal history record information check will be required prior to an applicant being hired.

General Information about Employment Desired

Position you are applying for? _____ Full-time or part-time? _____

If part-time, hours per week desired: _____ Are you available for work on weekends? _____

Are you available to work holidays? _____ Days of week you are available to work: _____

Hours you are available to work: _____ Are you available to be on-call? _____

Are you available to work evenings and nights? ____ Are you available to work overtime? _____

If hired, on what date could you start work? _____

Hourly rate of pay or monthly salary desired: _____

Educational Background

	<u>School/Sponsor</u>	<u>Location</u>	<u>Major/Course of Study</u>	<u>Diploma/Degree Obtained</u>
High School				
Community College				
Trade School				
College/University				
Seminars/Other				

Special Skills

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work with the Central District Health Department? _____ If so, explain in detail below:

Professional Society Memberships: _____

Licenses (list states): _____

<u>Computer skills</u>	<u>Dates Used</u>	<u>Level of proficiency</u>
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

Employment History

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below. Attach additional sheets if necessary.

Name of Company: _____
Name of Supervisor: _____
Address: _____
 Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____
May we contact your present employer? _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
 Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____
 Street City State Zip Code
Telephone Number: () _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

Personal References

Name and Occupation	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment drug screen, if required, and a pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen and/or physical may result in withdrawal of the employment offer.

Initial

If hired, I also agree to submit to random alcohol or drug testing as a condition of employment (if a Commercial Drivers License is required for the position for which I am applying). I agree that the Central District Health Department may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a refusal to test and I will be subject to disciplinary action.

Initial

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

Initial

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license.

Initial

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature **Date**