

LOCAL HEALTH DEPARTMENTS OF KENTUCKY APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer. We do not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, public assistance, or other non-merit factor. Thank you for your interest in employment with us.

Agency use only-----

Class # _____

Class # _____

Class # _____

Class # _____

Social Security
Number

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SSN Required for Record Keeping and Data Processing only

Date: _____

Name

Last First Middle (Maiden)

Present
Address

Street City State Zip Code County

Telephone () - _____

Additional # () - _____

Email: _____

POSITION (S) APPLIED FOR

Local Health Department

Local Health Department

Title of Position

Title of Position

PERSONAL INFORMATION

If under 18 years of age, please provide proof of eligibility to work.

Yes No Do you have a relative employed with a Kentucky local health department?

If yes, who? _____

Which health department? _____

Yes No May we contact your present employer?

Yes No May we contact your previous employer(s)?

Social Security No ____ - ____ - ____
For identification in case pages become separated

AVAILABILITY:

If offered employment, you will be asked to verify that you are a citizen of the United States or prove that your immigration status permits you to work.

On what date will you be available for work? _____

Full-time Part-time Temporary

Yes No Do you have a valid drivers' license?

Yes No Are you available for travel?

Yes No Are you available to work on-call (after regular work hours? Saturdays, Sundays)? *Some positions may require that you be on call on a rotating basis to provide service after regular working hours or on the weekends.

Yes No Are you available to work overtime during the week?

Yes No Are you available to work overtime on weekends?

EDUCATION AND TRAINING

EDUCATION

High School/GED Yes No **If no**, please indicate the highest grade completed _____

College Graduate Yes No Please indicate the highest level of college completed:

College Freshman College Sophomore College Junior College Senior
 Associate's Degree Bachelor's Degree Master's Degree Ph D

Are you currently attending school? Yes No If yes, anticipated graduation or completion date: _____

TRANSCRIPTS MUST BE PROVIDED AT TIME OF APPLICATION FOR THOSE JOB ANNOUNCEMENTS THAT REQUIRE POST-SECONDARY EDUCATION OR WHEN EDUCATION CAN BE SUBSTITUTED FOR EXPERIENCE. TRANSCRIPTS MUST SHOW THE DEGREE AWARDED.

College, University or Professional School: List all undergraduate and graduate work.

Name	Location	Dates of Attendance (Month and Year)		Number of Credits Qtr. Sem.	Degree Rec'd AA., BS. Etc.	Date	Major	Minor
		From	To					

Business, Correspondence, Trade, Technical, or Vocational School

Business, Correspondence, Trade, Technical, or Vocational School Name and Location	Dates of Attendance (Month and Year)		Total Hours Completed	Hours Required for Certification	Courses/Subjects Taken	Certificates Received
	From	To				

LICENSES OR CERTIFICATES:

Please indicate if you have a license, certificate, or other authorization to practice a trade or profession.

***A COPY OF LICENSURE VERIFICATION IS REQUIRED FOR POSITIONS, E.G., NURSE, PHYSICAL THERAPIST, ARNP, ETC.**

Name of Trade or Profession Certificate/License:	License Number	Current License Expiration Date	Name and Address of Licensing Agency	Verified *

KNOWLEDGE / SKILL/ ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating a computer, fluency in a language, etc.

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. **Use a separate block to describe each position (including promotions) or gaps in employment. You may add additional pages if needed.** The information provided is used to determine if you meet the minimum requirements of education and experience for the position. Under "Description of work," describe your job in sufficient detail. Indicate the number of employees supervised. **If the number of hours on a job varied or was PRN, use the average number of hours per week.** Part-time experience is pro-rated according to the number of hours worked, using 37.5 hours for the workweek.

1. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you
_____	_____	_____
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		
2. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you
_____	_____	_____
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

3. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you

Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part -Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

4. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you

Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

5. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you

Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

Social Security No ____ - ____ - ____
For identification in case pages become separated

6. Employer	Address	Phone
Job Title	Supervisor's Name and Title	Number of employees supervised by you
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

7. Employer	Address	Phone
Job Title	Supervisor's Name and Title	Number of employees supervised by you
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

CERTIFICATION: I am aware that any omissions, falsifications, misstatements, or misrepresentations made in this application may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my employment if I am hired. I certify to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete, and made in good faith.

Signature: _____ **Date:** _____