

Application for Employment - Howell County Health Department



1. Applicant Name (Last, First, Middle, Maiden)		2. Social Security Number	
3. Mailing Address (Street Number, City, State, ZIP Code)		4. County	
5. Telephone Number - Home	6. Telephone # - Cell	7. Gender Male___ female___ other___	
8. Position(s) applied for			
9. Have you ever been convicted of any violations of the law since your 16th birthday? Yes___ No___ No___ If yes, explain _____			
10. Have you ever been dishcarged or forced to resign from any job? Yes___ No___ If yes, explain _____			
11. Are you now employed? Yes___ No___ If yes, may we contact your persent employer? Yes___ No___			
12. Date available for work?		13. Are you available to work Full-time___ Part-time___ Temporary___	
14. Miminum starting salary you will accept? \$		15. From what resource did you learn of this position?	
16. Did you graduate from High School or have a GED? Yes___ No___			
Name of High School		Location	
17. College, Universities, Vocational Schools Attended			
Name	Years From	Years to	Subject emphasis
Location			Degree
Name	Years From	Years to	Subject emphasis
Location			Degree
Name	Years From	Years to	Subject emphasis
Location			Degree
Name	Years From	Years to	Subject emphasis
Location			Degree
18. Employment Record: Begin with your current or most recent employer and list your employment record in reverse order.			
Name of Employer		Address (City & State)	
Date Employed (Month/Year)	Date Ended (Monthy/Year)	Job Title	Ending Salary \$___ per___
Name Job Title of Supervisor	Reason for Leaving		
Brief description of the responsibilities of this position			

Name of Employer		Address (City & State)	
Date Employed (Month/Year)		Date Ended (Month/Year)	Job Title
			Ending Salary \$ ____ per ____
Name Job Title of Supervisor		Reason for Leaving	
Brief description of the responsibilities of this position			
Name of Employer		Address (City & State)	
Date Employed (Month/Year)		Date Ended (Month/Year)	Job Title
			Ending Salary \$ ____ per ____
Name Job Title of Supervisor		Reason for Leaving	
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Name of Employer		Address (City & State)	
Date Employed (Month/Year)		Date Ended (Month/Year)	Job Title
			Ending Salary \$ ____ per ____
Name Job Title of Supervisor		Reason for Leaving	
Brief description of the responsibilities of this position			
Name of Employer		Address (City & State)	
Date Employed (Month/Year)		Date Ended (Month/Year)	Job Title
			Ending Salary \$ ____ per ____
Name Job Title of Supervisor		Reason for Leaving	
Brief description of the responsibilities of this position			
Name of Employer		Address (City & State)	
Date Employed (Month/Year)		Date Ended (Month/Year)	Job Title
			Ending Salary \$ ____ per ____
Name Job Title of Supervisor		Reason for Leaving	
Brief description of the responsibilities of this position			

19. If you are currently certified, registered, or licensed to practice your position, give the name of licensing authority and certification registration or license number

20. Give the names of 3 persons, preferably business or professional, as references

Full Name	Home or business address	Phone number	Occupation or Business
1			
2			
3			

21. Provide any other information which you believe may be pertinent to the position applied for, such as scholastic honors, volunteer work, membership in civic organizations, special training, special skills, etc.

22. In case of an emergency, contact

Name	Address	Telephone Number

I certify that the answers I have provided to each and all questions in this application are full and true to the best of my knowledge and belief.

Applicant signature	Date

