



HANCOCK COUNTY HEALTH DEPARTMENT

Confidential Employment Application

(PLEASE TYPE OR PRINT)

PLEASE ATTACH RESUME IF AVAILABLE

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

Last Name	First Name	Middle Name			

Address	Number	Street	City	State	Zip Code

Home Phone	Cell Phone	Social Security Number			

- If less than 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you available to work: Full Time Part Time Shift Work Temporary
- On what date would you be available for work? _____
- What days and hours are you available to work? _____
- Can you travel if the job requires it? Yes No

Education

	Name and Address	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional/Other				

Professional Certificates

Include any registration, certification, or other professional titles/license.

State Issued	Date Issued	Date Applied For

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer (Start with most recent)	Dates (Mo/Yr)	Job Title	Hourly Pay Rate	Reason for Leaving
1.Name:				
Address:				
2.Name:				
Address:				
3.Name:				

Address:				
4.Name:				
Address:				
5.Name:				
Address:				

Additional Information

Other Qualifications/Skills	Summarize special job-related skills/qualifications acquired from employment/other work experience.
<hr/> <hr/> <hr/>	
<input type="checkbox"/> Fax <input type="checkbox"/> PC/Laptop <input type="checkbox"/> MS Office <input type="checkbox"/> MS Power Point <input type="checkbox"/> Cornerstone <input type="checkbox"/> Other _____	

<p>State any additional information you feel may be helpful to us in considering your application.</p> <hr/> <hr/> <hr/>

Professional References

1. _____		
Name and Job Title		Business

Address		Contact Number
2. _____		
Name and Job Title		Business

Address		Contact Number
3. _____		
Name and Job Title		Business

Address		Contact Number

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages ad salary, be terminated at any time without any prior notice.

Date _____

Signature _____