

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____ SOCIAL SECURITY NO.: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

A CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT; THESE ISSUES WILL BE REVIEWED ON A CASE-BY-CASE BASIS TO DETERMINE IF THE CONVICTION IS JOB RELATED. YOU ARE NOT REQUIRED TO DISCLOSE A RECORD OF CONVICTION THAT HAS BEEN EXPUNGED OR SEALED.

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

POSITION INFORMATION

POSITION APPLYING FOR: _____ SALARY EXPECTED: _____

ARE YOU APPLYING FOR: FULL-TIME PART-TIME PERMANENT TEMPORARY

DATE AVAILABLE TO BEGIN WORKING: _____

HAVE YOU EVER BEEN EMPLOYED BY THIS AGENCY? YES NO - IF YES, WHEN? _____

WHY ARE YOU INTERESTED IN THIS POSITION? _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____
(IF YOU HEARD ABOUT THIS POSITION VIA CLASSIFIED AD, PLEASE GIVE THE NAME OF THE NEWSPAPER)

PROFESSIONAL LICENSES/REGISTRATIONS

CURRENTLY LICENSED ELIGIBLE FOR LICENSE

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION

TYPE: _____ STATE: _____ DATE: _____ NUMBER: _____

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES NO

IF YES, EXPLAIN: _____

CURRENTLY LICENSED ELIGIBLE FOR LICENSE

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION

TYPE: _____ STATE: _____ DATE: _____ NUMBER: _____

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES NO

IF YES, EXPLAIN: _____

LANGUAGE SKILLS (OTHER THAN ENGLISH)

LANGUAGE: _____ DO YOU SPEAK? _____ FAIR _____ GOOD _____ FLUENT
 DO YOU WRITE? _____ FAIR _____ GOOD _____ FLUENT
 DO YOU READ? _____ FAIR _____ GOOD _____ FLUENT

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 DO YOU READ? _____ FAIR _____ GOOD _____ FLUENT

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	LAST YEAR COMPLETED (CIRCLE ONE)	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH		1 2 3 4	____ YES ____ NO	
COLLEGE		1 2 3 4	____ YES ____ NO	
COLLEGE		1 2 3 4	____ YES ____ NO	
OTHER (Business College or Special Courses - Include Special Military Training, Post Graduate and Nursing)				
AREA(S) OF SPECIALIZATION OR MAJOR:				
COMPUTER SKILLS:			TYPING SPEED (Approximate WPM):	

EMPLOYMENT HISTORY - PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER

JOB TITLE: _____ FROM: _____ TO _____
 EMPLOYER: _____ PHONE NO.: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO _____
 EMPLOYER: _____ PHONE NO.: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO _____
 EMPLOYER: _____ PHONE NO.: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY: _____

DID YOU SERVE IN THE U.S. ARMED FORCES? ____YES ____NO - IF YES, WHICH BRANCH? _____

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? ____YES ____NO - IF YES, WHERE? _____

BRIEFLY DESCRIBE JOB-RELATED DUTIES AND SKILLS ACQUIRED THROUGH MILITARY OR VOLUNTEER SERVICE (INCLUDE DATES):

PROVIDE ADDITIONAL REFERENCES (EXAMPLE: COMMUNITY SERVICE-ORIENTED, SCHOOL REFERENCES, PROFESSIONAL ASSOCIATIONS):

NAME & RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE NUMBER

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING YOUR SIGNATURE BELOW

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE OR MISLEADING REPRESENTATIONS OR OMISSIONS ON THE APPLICATION OR DURING THE HIRING PROCESS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN DISCHARGE EVEN IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT EMPLOYMENT MAY BE CONDITIONED UPON SUCCESSFULLY PASSING A MEDICAL EXAMINATION AND THAT I MAY BE REQUIRED TO SATISFACTORILY COMPLETE A DRUG SCREENING AS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT I MAY BE REQUIRED TO COMPLETE SKILLS TESTING (E.G., TYPING TEST, DATA ENTRY, ALPHABETIZING, DEVELOPING SPREADSHEETS, MATH SKILLS, ETC.), AS APPROPRIATE TO MEET THE REQUIREMENTS OF THE POSITION FOR WHICH I AM APPLYING.

I HEREBY AUTHORIZE DEKALB COUNTY HEALTH DEPARTMENT TO CONDUCT OR PARTICIPATE IN AN INVESTIGATION OF PERSONAL BACKGROUND, WORK HISTORY, LICENSURE, AND POLICE RECORD AS MAY BE NECESSARY TO VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION AND TO DETERMINE MY FITNESS TO HOLD THE POSITION FOR WHICH I HAVE APPLIED.

I HEREBY AUTHORIZE PERSONS, SCHOOLS, MY CURRENT EMPLOYER (IF APPLICABLE) AND PREVIOUS EMPLOYERS AND OTHER ORGANIZATIONS TO PROVIDE THIS AGENCY WITH ANY REQUESTED INFORMATION REGARDING MY APPLICATION OR SUITABILITY FOR EMPLOYMENT, AND I COMPLETELY RELEASE ALL SUCH PERSONS OR ENTITIES FROM ANY AND ALL LIABILITY RELATED TO THE PROVIDING OR USE OF SUCH INFORMATION.

SIGNATURE: _____ DATE: _____

