Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

	(PLEASE PRINT)		
Position(s) Applied For		Date of Applica	ation
How Did You Learn About Us?			
□Advertisement □Friend [□Other	□Walk-In □Employment Ager	ncy 🛛 Relative	
Last Name	ame First Name Middle Name		
Address (Number, Street, City, Stat	e, Zip Code)		
Telephone Number(s) Social Security Number			ity Number
If you are under 18 years of age,			🗆 Yes 🗖 No
proof of your eligibility to work			🗆 Yes 🗖 No
Have you ever filed an application		If yes, give date	
Have you ever been employed with us before?		If yes, give date	🗆 Yes 🗖 No
Are you currently employed?		ii yes, give uate	Yes No
	1 0		
May we contact your present em			
Are you prevented from lawfully this country because of Visa or I Proof of citizenship or immigration status	mmigration Status?		Yes No
On what date would you be avai	lable for work?		
Are you available to work: \Box F	ull Time \Box Part Time \Box Shi	ft Work D Ter	nporary
Are you currently on "lay-off" st	tatus and subject to recall?		🗆 Yes 🗖 No
Can you travel if a job requires it?		🗆 Yes 🗖 No	
Have you been convicted of a felony within the last 7 years?		🗆 Yes 🗖 No	
If Yes, Please explain			

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

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.

1.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Er From	nployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra Starting		
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Er From	nployed To	Work Performed
	Address				
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Applicant's Statement

abide by all rules and regulations of the employer.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to

Signature of Applicant

Date

Any position offered by Washington County Public Health is contingent upon satisfactory pre-employment/post-offer physical and drug test results.

FOR PERSONNEL DEPARTMENT USE ONLY
Arrange Interview 🛛 Yes 🖾 No
Remarks
Interviewer/Dat
Employed Tyes No Date of Employment
Job Title Hourly Rate/Salary Dept
By:
Name, Title & Dat
NOTES

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.