

**FREMONT COUNTY PUBLIC HEALTH
APPLICATION FOR EMPLOYMENT**

(Please Print)

Telephone (Daytime) _____ (Evening) _____

Name _____ DATE _____
Last First MI

Mailing Address _____
No. Street City State Zip

Are you 18 years of age or older? Yes No Do you have a valid drivers license? Yes No
If yes, please supply the number: _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Type of work desired: _____ Part time or Full Time

EDUCATION:

Type	Name/Location	Number of years completed	Date of degree/diploma
High School			
College			
Vocational Training – Other			

EMPLOYMENT RECORD (Please start with most recent)

Company Name/Address/Phone _____ Type of work _____ Date started/left _____ Reason for leaving _____

May we contact your current employer? Yes No

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Is there any information we would need about your name, for us to be able to check your work record?

Yes No If yes, please specify: _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc. _____

WORK RELATED REFERENCES

<u>Name</u>	<u>Occupation</u>	<u>Address/Phone</u>	<u>Years Known</u>

APPLICANTS STATEMENT:

I understand that the Fremont County Public Health Department follows an “employment at will” policy, in that the employer or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment.

I understand this application will be active for a period of twelve (12) months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand the Fremont County Public Health Department will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. This information will be kept in strict confidence and will be available only to agency personnel who are involved in the hiring decision.

I certify that all statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicants Signature

Date

The Fremont County Public Health Department employs people on the basis of their qualifications and with assurance of equal opportunity and treatment regardless of race, creed, religion, color, sex, age, national origin, ancestry or disability.