



**NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT**

www.nkyhealth.org

APPLICATION FOR AT-WILL EMPLOYMENT

DATE OF APPLICATION: _____

Applicants are considered for employment without regard to smoking status, political affiliation, disability, race, color, sex, age, national origin, citizenship, religion, sexual orientation or other legally protected status.

Position(s) Applied For [use code(s)] _____

Daytime Phone Number(s) _____

Name - Last First M.I. _____

Cell Phone Number(s) _____

Address Number Street Apt # _____

E-Mail Address _____

City State Zip _____

County of Legal Residence _____

- Do you have prior Public Health experience? YES NO
- Do you have any relatives who are presently employed by this Health Department? YES NO
- Are you currently employed? YES NO
- Are you legally authorized to work in the United States? YES NO
- Are you available to work full-time (FT) or part-time (PT)? (Check both for either.) FT PT
- On what date would you be available to begin work? _____
- Can you travel if required (locally and/or occasionally out of the local area)? YES NO
- Do you have reliable transportation that could be used for travel if required? YES NO
- Have you been convicted of a felony? YES NO
(Conviction will not necessarily disqualify an applicant from employment.)

APPLICANT'S STATEMENT

I certify that the information given in this application and any attachments is true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in termination. I understand that if I accept employment with them: 1) I am an at-will employee; 2) I am required to abide by the rules and regulations of the Northern Kentucky Independent District Health Department (NKIDHD), 3) my worksite may be at any location in the four-county district, and 4) my work location or job duties may be changed at any time at the sole discretion of NKIDHD.

I authorize NKIDHD or any of its agents to investigate all statements contained in this application for employment as may be necessary in making an employment decision. As a condition of employment, I agree that upon employment I will: 1) furnish proof of my citizenship or my authorization to work in the U.S.; if requested: 2) consent to any background and/or licensure checks; 3) submit to a drug-screening test; and 4) furnish a copy of my GED/diploma or college transcript.

I understand that this application is the property of NKIDHD. This application must be signed and dated below before I will receive consideration for employment.

Signature (Please sign - Do not type or print) _____

Date _____

Education and Training

Give complete information for all your education and training.

The information requested will serve as a basis for rating your education and training. If necessary, attach an additional sheet.

Schools	Name, City & State of School	Semester Hours*		Major Course Work	GPA/ Scale	Degree
		(1)**	(2)**			
High School or GED						
College/University						
Graduate/Professional						
Vocational or Business						

* Please indicate if quarter hours Yes No

** (1) Completed (2) Presently Carrying

Indicate highest grade completed.

Grade School
 1 2 3 4 5 6 7 8

High School
 9 10 11 12

College
 1 2 3 4 4+

Graduate School
 1 2 3 4

Special Skills and Qualifications

Summarize special job-required skills, knowledge or other qualifications that you have acquired.

Honors and Awards

List any honorary societies, professional associations, awards, or publications (include thesis or dissertation title) related to your application.

Related Activities

List activities and offices held that may be pertinent to this job. Please exclude memberships which would reveal smoking status, political affiliation, disability, race, color, age, national origin, citizenship, sex, religion, sexual orientation or other legally protected status.

Licenses or Certification

If a license, certification or other authorization to practice is required for the position that you are applying, complete the following.

Name of Trade or Profession	License or Certification Number	Granted by (Licensing Agency)
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Address	City	State	Zip
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Verification of Qualifications

Please list any other information that would help us to verify your qualifications and employment experience. This could include any other names you used while working, volunteering, attending school, or attaining a license.

Other names you may have used: _____

Your social security number (optional): _____

Employment Experience

Start at your present or most recent job, and list all employment experiences, including gaps in employment. You may attach resume to elaborate on duties/responsibilities. All all information requested on this page must be provided. Please provide information for at least the past 10 years of employment. Attach additional pages if necessary.

1	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

2	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

3	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

4	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

Employment Experience (continued)

5	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		From	To
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

6	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

7	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	

8	Employer	Duties/Responsibilities	Dates of Employment	
	City and State		From	To
	Phone			
	Your Title		Hourly Rate/Salary	
	Supervisor's Name		Starting	Ending
	Supervisor's Title			
	Reason for Leaving or Wanting to Leave:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours worked per week: _____	