



Application Information

Only *solicited* applications will be accepted. Please read the following information before completing the application.

1. There is no guarantee of a job offer or job interview by completing our employment application. Your application will be considered with others who have submitted applications for the same job opportunity, and decisions about interviews will be based on this comparison.
2. Our application form must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.
4. We do not accept or maintain on file *unsolicited* applications. Applications are filed according to specific job opportunities.
5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. By completing our employment application, you may be subject to the following checks:
 - Employment reference checks from previous employer and from current employer should a job offer be made.
 - Criminal record check.
 - Drug screen and/or preplacement physical examination.
 - Personal references.
 - Educational degrees.

Applications may be returned to the Human Resources Office, Erie County Health Department, 420 Superior Street, Sandusky, OH 44870 or by fax to (419) 626-8778 to the attention of the Human Resources Office.

We welcome inquiries from the public at (419) 626-5623, Ext. 194 during normal working hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. or email Kbango@eriecohealthohio.org. The Human Resources Office will verify current job postings, salary, the department for which the position is posted, and the date the position closes.

Thank you for your interest in employment with the Erie County General Health District.

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

WORK 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	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

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NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

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

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

List professional, trade, business or civic activities and offices held.

You may include membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?
_____ YES _____ NO**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 45 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 Employer 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 abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing 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.



Application Information

This supplemental form **must** be completed and returned with your application. This will ensure your application is valid and will be considered for this employment opportunity.

- Did you answer all questions appropriately in legible handwriting (in ink) or typewritten? A resume may be included with the application if you wish, but the application must be completed in its entirety. Responding with “*see resume*” is not acceptable.
- If applying for a Registered Nurse, Licensed Practical Nurse, or Registered Sanitarian, please list your State of Ohio RN, LPN, or RS license number _____
- All applicants offered a position with the Erie County General Health District will have a Preemployment drug screen after the conditional offer of employment, but before final acceptance as an employee of the Health Department.
- Did you sign and date the application?

Authorization to Conduct Background Investigations

I, _____, hereby authorize the Erie County General Health District or its agents/employees, to conduct a background investigation or records check through its own third party means. I hereby authorize release of information which may impact the decision on my future employment with Erie County Health Department. I understand that if an adverse employment decision is made based upon the information obtained through a third party investigation or records check, I am entitled to a copy of the report upon which the adverse employment decision was made. This authorization for release of information is applicable for one (1) year after the date of my initial application for a position with the Erie County Health Department.

Signature of Applicant

Date



Affirmative Action Voluntary Information

(Completion of this form is voluntary.)

All applicants are considered for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from an application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is *STRICTLY VOLUNTARY*. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. ***This information is not provided to the appointing authority and is kept separate from your application.***

Position(s) applied for: _____ Date: _____

Referral Source:

<input type="checkbox"/> Walk In	<input type="checkbox"/> Employee: _____
<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Relative: _____
<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Newspaper: _____
<input type="checkbox"/> School	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Website	

Applicant Information

Male Female Disabled? No Yes

Veteran? No Yes Vietnam Veteran Special Disabled Veteran Other Eligible Veteran

Please check one of the following Equal Employment Opportunity Identification Groups:

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander

Asian (not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino) – all persons who identify with more than one of the above.