



Public Health
Prevent. Promote. Protect.

PHELPS/MARIES COUNTY

HEALTH DEPARTMENT

Employment Application

200 N. Main St., Suite G-51

Rolla, MO 65401

Revised: 2/20/2024

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and /or interview process should notify a representative of the Health Department

Please fill out the following information:

Applicant's Full Name: _____ Date: _____

Position applying for or type of work desired: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Hours of Employment Desired: Full-time Part-time PRN

Date you will be available to start work: _____ Desired Salary: _____

Are you able to meet the attendance requirements of the job you are applying for? Yes No

Can you perform the duties of the job you are applying for: Yes No

Do you have any objection to flexing time and/or working over 40 hours/week if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Do you have relatives, guardians and /or wards presently employed at Phelps/Maries County Health Department? Yes No

*If yes, list name and relationship: _____

If necessary for the job, can you provide a valid driver's license and/or proof of auto insurance? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Do you currently use any medications or substances that will impede your ability to perform job functions? Yes No

Have you pled "guilty" or "no contest" to, or been convicted of a crime within the last seven (7) years? * Yes No

(A criminal record or conviction will not automatically bar employment, but will be considered as it relates to the position for which you are applying.)

*If yes, please explain: _____

How were you referred to us? _____

Please provide all employment information for your past four (4) employers starting with the most recent:

Current Most / Recent Employer
Employer: _____ Position Held: _____

Address: _____ Phone Number: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

Previous Employer
Employer: _____ Position Held: _____

Address: _____ Phone Number: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

APPLICANT DATA

EMPLOYMENT HISTORY



Public Health
Prevent. Promote. Protect.

PHELPS/MARIES COUNTY

HEALTH DEPARTMENT

Employment Application

200 N. Main St., Suite G-51

Rolla, MO 65401

Pilot: 6/6/17

Form#: 1-HR-002F-1

	Previous Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From: _____ To: _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From: _____ To: _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From: _____ To: _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Military Service	Branch: _____ Position Held: _____ Dates in Service: From: _____ To: _____ Job Summary: _____ Rank at Discharge: _____ Type of Discharge: _____ If other than Honorable, please explain: _____
If any employment was under a different name, indicate name: _____		
GAPS / QUALIFICATIONS	Summarize any employment gaps, job related training, skills, licenses, certificates, or other qualifications: 	
EDUCATION	High School	Name: _____ Address: _____ <input type="checkbox"/> Not Completed <input type="checkbox"/> GED <input type="checkbox"/> Graduate
	College	Name: _____ Address: _____ <input type="checkbox"/> Not Completed <input type="checkbox"/> Graduated- Degree Earned: _____ Number of Years Completed: _____ Course of Study: _____



HEALTH DEPARTMENT

Graduate Degree	Name: _____	Address: _____
	<input type="checkbox"/> Not Completed <input type="checkbox"/> Graduated- Degree Earned: _____	
	Number of Years Completed: _____	Course of Study: _____
Technical Training	Name: _____	Address: _____
	<input type="checkbox"/> Not Completed <input type="checkbox"/> Graduated- Degree Earned: _____	
	Number of Years Completed: _____	Course of Study: _____
Other	What: _____	Name: _____
	Address: _____	
	<input type="checkbox"/> Not Completed <input type="checkbox"/> Graduated- Degree Earned: _____	
	Number of Years Completed: _____	Course of Study: _____
REFERENCES	List three (3) references: Include names, telephone numbers, and number of years known (do not include relatives)	
	Reference #1	Name: _____ Phone Number: _____ Number of Years Known: _____
	Reference #2	Name: _____ Phone Number: _____ Number of Years Known: _____
	Reference #3	Name: _____ Phone Number: _____ Number of Years Known: _____
CERTIFICATION/AUTHORIZATION	<p>I hereby authorize the Phelps/Maries County Health Department to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, and to obtain reference information from previous employers and references regarding my work performance. My signature authorizes the Phelps/Maries County Health Department to review my previous employment, driving and criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also hereby release from liability, the Phelps/Maries County Health Department and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.</p>	
	<p>I understand that I will be required to take a drug test, and/or a pre-employment physical if a job offer is made, but prior to employment. I acknowledge that if I test positive during one or more, or refuse to take, a drug test and/or pre-employment physical, Phelps/Maries County Health Department will rescind my job offer and I will no longer be considered for employment.</p>	
	<p>I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered</p>	
	<p>If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law</p>	
	<p>I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act.</p>	
	<p>I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.</p>	
<p>I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.</p>		
<p>Applicant's Signature: _____ Date: _____</p>		