



**Public Health**  
Prevent. Promote. Protect.  
Macon County Health  
Department

# Macon County Health Department

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

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last
First
M.I.

Address: \_\_\_\_\_  
Street Address
Apartment/Unit #

\_\_\_\_\_  
City
State
ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you currently employed? YES  NO  If so, may we contact your current employer? YES  NO

Can you travel, if the job requires it? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Professional References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Current and Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current/previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Specialized Skills**

\_\_\_\_\_ PC \_\_\_\_\_ Fax/Copy Other \_\_\_\_\_

\_\_\_\_\_ Phone System Other \_\_\_\_\_

\_\_\_\_\_ Microsoft Office Suite Other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

**Applicants Statement**

I certify that the answers given herein are true and complete to the best of my knowledge.

I voluntarily give the Macon County Health Department right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons', companies, or corporations supplying such information.

I further understand than any false answers or statements made by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate dismissal, regardless of length of employment. I understand, also, that I am required to abide by all rules and regulation of the Employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Personnel Department Use Only**

Arrange Interview      \_\_\_\_ Yes                      \_\_\_\_ No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed                      \_\_\_\_ Yes                      \_\_\_\_ No                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_