



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: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityStateZIP 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: _____

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 _____