## EFFINGHAM COUNTY HEALTH DEPARTMENT APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

Position Applied For:			Date of Application:					
Referral Source:	<ul><li>☐ Advertisement</li><li>☐ Walk In</li></ul>			☐ Employment Agency				
Name:	T	_	E'		NC 141.			
	Last		First		Middle			
Address:	Street		City	State	Zip			
Telephone: (	)	Social S	Security Number:					
E-mail Address: _								
If employed and ye	ou are under 18, can y	ou furnish a v	work permit?	□ Yes	□ No			
Have you filed an	application here befor	e?	If yes, give dat	e:	□ No			
Have you ever bee	n employed here befor	re?	If yes, give dat	□ Yes e:	□ No			
Are you employed	now?			□ Yes	□ No			
If yes, may	□ Yes	□ No						
Are you a U.S. citik worker?	zen or can you establis	sh that you ar	e an authorized	☐ Yes	□ No			
On what date wou	ld you be available for	work?						
Are you available	to work 🔲 Fu		☐ Part time					
Are you on layoff a	and subject to recall?			□ Yes	□ No			
Approximate rate	of pay expected:							
		Spe	ecify measurement such	n as per hour or per	year			
Do you have the pl job(s) for which yo	hysical ability to perfoou are applying?	orm all essenti	al duties of the	☐ Yes	□ No			
If no, please	explain:							

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.)																	
Give name, address an previous employers.	nd tele	eph	one	e nı	ımbe	r of tl	iree i	refer	ences	who	are n	ot r	elated	to you	ı and	l are	not
Name Address									Phone								
Name Address								Phone									
Name				Address									Phone				
						ED!	UCA	TI(	<u> </u>								
	ELF	EM	EN	ITA	RY	HIGH			COLLEGE OR UNIVERSITY				GRADUATE OR PROFESSIONAL				
School Name:																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities																	
Honors Received:																	
State any additional in	nform	<del></del> atio	on :	you	feel	may b	oe he	lpful	to us	in co	nside	ering	your	emplo	yme	nt:	

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer	Dates E	mployed	Work Performed			
Address	From	То				
Phone						
Job Title						
Supervisor						
Reason for Leaving						
Employer	Dates E	mployed	Work Performed			
Address	From	То				
Phone						
Job Title						
Supervisor						
Reason for Leaving						
Employer		mployed	Work Performed			
Employer Address	Dates E From	mployed To	Work Performed			
			Work Performed			
			Work Performed			
Address			Work Performed			
Address Phone			Work Performed			
Address  Phone  Job Title			Work Performed			
Address  Phone  Job Title  Supervisor			Work Performed			
Address  Phone  Job Title  Supervisor  Reason for Leaving  Employer	From  Dates E	To	Work Performed  Work Performed			
Address  Phone  Job Title  Supervisor  Reason for Leaving	From	То				
Address  Phone  Job Title  Supervisor  Reason for Leaving  Employer	From  Dates E	To				
Address  Phone  Job Title  Supervisor  Reason for Leaving  Employer	From  Dates E	To				
Address  Phone  Job Title  Supervisor  Reason for Leaving  Employer  Address	From  Dates E	To				
Address  Phone  Job Title  Supervisor  Reason for Leaving  Employer  Address  Phone	From  Dates E	To				

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from employment or other experience.								
<b>STATEMENT</b>								
Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, pregnancy, age, marital or veteran status, or the presence of a disability or handicap.								
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize the Effingham County Health Department (Department) to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.								
I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either party. In the event that I am employed, I understand that regardless of the job that I am first assigned, I may be required to accept a change of job depending on my demonstrated skills after employment and the needs of the Department. I understand that I must meet the health requirements established by the Department as a condition of initial and continued employment, which may be determined by a physical examination. I understand, also, that I am required to abide by all rules and regulations of the Department.								
Signature of Applicant	Da	te						
FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE  Position Considered:								
Interviewed By:	Date:							
Accepted for employment?	□ Yes	□ No						
Comments:								