



Application for Employment

We are pleased that you are interested in applying for a position with our Health Department. Taney County Health Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, religious creed, national origin, age, sex, marital status, ancestry, veteran status, pregnancy, medical condition, citizenship status, genetic information, sexual orientation, gender identity, disability or other basis prohibited by applicable local, state, or federal law. No question on this form is intended to secure information to be used for such discrimination.

Personal Information: Please print in ink.

Position(s) applying for _____

Date _____

☐ Full Time ☐ Part Time ☐ PRN ☐ Temporary

Name _____
Last First Middle Initial

E-mail Address _____

Preferred Name _____ Telephone (____) _____ Daytime Number (____) _____

Address _____
Street or PO Box City State Zip

Have you ever worked under a different name? ☐ Yes ☐ No If yes, what name? _____

Have you ever been employed by us? ☐ Yes ☐ No If yes, when? _____

Do you have any relatives working here? ☐ Yes ☐ No If yes, indicate name and relationship: _____

Are you 18 years of age or older? ☐ Yes ☐ No Have you ever been bonded? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Note: Proof of eligibility will be required within three working days of employment.

Are you capable of performing the essential functions required for the position for which you are applying with or without an accommodation? ☐ Yes ☐ No

Have you ever pled guilty, "no contest" to, or been convicted of a felony? ☐ Yes ☐ No

If yes, please give the date(s) and details: _____

Note: Answering "Yes" to the question above does not constitute an automatic bar from employment. Factors such as age, time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Education and Training:

	Name and Location of School	Course of Study	Last Grade Completed	Did you Graduate?	Degree, Diploma, GED, Certificate or other
High School			9 10 11 12	☐ Yes ☐ No	
College/University			1 2 3 4	☐ Yes ☐ No	
Post Graduate			1 2 3 4	☐ Yes ☐ No	
Business/Trade Technical			1 2 3 4	☐ Yes ☐ No	

Special Skills, Training or Qualifications: Describe any computer skills, specialized skills, training and qualifications you possess and/or internships you feel are relevant to the position for which you are applying.

Employment Experience: Beginning with your most recent position, enter your employment information here.

May we contact this employer for a reference? ☐ Yes ☐ No		
Current or Most Recent Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

May we contact this employer for a reference? ☐ Yes ☐ No		
Previous Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

May we contact this employer for a reference? ☐ Yes ☐ No		
Previous Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
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Describe Major Work Duties		

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Previous Employer		Supervisor's Name & Title
Address		Dates Employed (indicate month/year) From: _____ To: _____
Telephone Number	Job Title	Average Hours Worked Per Week
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____
Describe Major Work Duties		

Professional References: Please provide the names and telephone numbers of additional supervisors, coworkers, or other individuals that may be contacted to provide a reference.

	Name	Relationship	Phone Number
1.			
2.			
3.			

Availability: Please list your availability for work, including the day(s) of the week and specific time(s) of the day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

How many hours per week would you like to work? _____ On what date would you be available for work? _____

Rate of pay expected \$ _____ (per hour or annualized salary)

How did you hear about a position with us?

Location Preference(s)

☐ Branson ☐ Forsyth ☐ Hollister

Applicant's Statement: Please read statements below carefully before signing this employment application disclosure.

I certify that the answers provided on this application are true, accurate and complete. I understand that any false information, omissions, or misleading information contained in this application or during the interview process, may be grounds for refusal to hire or may result in immediate termination. I acknowledge the confidential nature of the Health Department's business and agree to maintain the confidentiality of the business affairs of the Health Department and its customers, at all times, before, during and after my employment.

I acknowledge that an offer and acceptance of employment is of an "**at will**" nature, which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that no supervisor, manager or representative of Taney County Health Department has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to these terms of employment, except such person or persons to whom such authority has been specifically granted by Taney County Health Department Board of Trustees.

I voluntarily consent to submit to a drug test at the request and expense of the Health Department and understand that Taney County Health Department reserves the right to conduct random drug testing. For employment purposes and with my prior written consent, the Health Department may investigate my driving record from time to time during my employment. I understand, if hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that Taney County Health Department participates in the United States Department of Homeland Security E-Verify program. I understand that, if hired, a criminal background check will be conducted and my employment is contingent upon the results of that check as it pertains to my job duties.

I understand that my application for employment shall remain in Taney County Health Department's active files for a period of six months. Active files will be purged of applications and/or resumes on file for more than six months. If I wish to extend my candidacy, I must reapply by submitting another employment application.

I hereby authorize all previous employers, to release to Taney County Health Department any and all information regarding my employment. In addition, I authorize Taney County Health Department to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of all information. I hereby further release Taney County Health Department, and any and all of its employees, of liability relating to, lawfully seeking and using truthful and non-defamatory information in the employment process.

I have carefully read, understand and will comply with all aspects of the employment disclosures stated in this document, and understand that completion of this application is not to be considered an offer of employment.

_____ Signature of Applicant	_____ Date
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