

**PUTNAM COUNTY GENERAL HEALTH DISTRICT**  
**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION**  
**FOR EMPLOYMENT**

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**PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS  
CONTAINED ON THE ENTIRE APPLICATION FORM**

\*\*\*\*\*

POSITION SOUGHT: \_\_\_\_\_

NAME: \_\_\_\_\_

Last

First

Middle Initial

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

S.S. NUMBER: \_\_\_\_\_ ARE YOU AN ADULT? YES  NO

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

**IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.**

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CURRENT EMPLOYER: \_\_\_\_\_ (Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES  NO

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: \_\_\_\_\_

WHY DO YOU WANT TO LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_  
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_  
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_  
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A  
BLANK SHEET OF PAPER TO DO SO.

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**EDUCATION AND TRAINING**

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

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HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ HIGH SCHOOL EQUIVALENT? \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

\_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

\_\_\_\_\_

GRADUATE SCHOOL(S) ATTENDED: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

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PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

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\_\_\_\_\_

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**PERSONAL INFORMATION**

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DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES  NO

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES  NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY THIS EMPLOYER? YES  NO  IF YES, WHO? \_\_\_\_\_

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

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1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing. Initials: \_\_\_\_\_

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2. If employed, I understand and accept that, depending on the position I am applying for, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. Initials:\_\_\_\_\_
  
3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the General Health District, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials:\_\_\_\_\_
  
4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various agencies that exchange information and data with the employer may require that the employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the position for which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. Initials:\_\_\_\_\_
  
5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer. Initials:\_\_\_\_\_
  
6. I agree that any claim or lawsuit relating to my service with the Putnam County General Health District or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. Initials:\_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notarized by)

\_\_\_\_\_  
(Date)

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**PUTNAM COUNTY GENERAL HEALTH DISTRICT**  
**EEO DATA: VOLUNTARY DISCLOSURE FORM**

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_

**RACIAL AND ETHNIC CATEGORIES:**

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaska Native

**DO NOT WRITE BELOW THIS LINE**

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HIRED:  Yes  No POSITION \_\_\_\_\_

DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_ SHIFT \_\_\_\_\_

**PUTNAM COUNTY GENERAL HEALTH DISTRICT  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(C)  
FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION**

As part of the employment process, the Putnam County General Health District may obtain a consumer report and/or investigative consumer report from an external consumer reporting agency to be generated for employment, promotion, reassignment, or retention as an employee. As an applicant or an employee, you are considered a “consumer” under the Fair Credit Reporting Act. The Fair Credit Reporting Act requires that we advise you that for the purposes of employment, a consumer report may be made which may include information about your character, general reputation, personal characteristics, and/or mode of living. An investigative consumer report involves personal interviews with sources such as employers, associates, educators, etc. A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the Putnam County General Health District obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which has been given to you.

**Authorization and Release:**

During the application process and at any time during any subsequent employment, I hereby authorize the Putnam County General Health District to obtain “consumer reports” and “investigative consumer reports” at any time after receipt of this authorization, and if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, the Putnam County General Health District or an agent acting on its behalf to procure information from various federal, state, and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, employment, and other experiences. This report may be compiled with information from but not limited to credit bureaus, court record repositories, military records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, any public domain, insurance company, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile (fax), or copy form. Furthermore, if I am offered employment or am already employed by the Putnam County General Health District, I further authorize the employer to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

**PUTNAM COUNTY GENERAL HEALTH DISTRICT  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(C)  
FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION**

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number



**PUTNAM COUNTY GENERAL HEALTH DISTRICT  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(C)  
FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION**

The following information is required by law enforcement agencies and other entities for accuracy in identification when checking records. It is confidential and will not be used for any other purpose.

***(Please Print Clearly)***

Last Name		First Name		Middle Name	
Please list any alias you may have:					
Address (include apartment number)		City	State	Zip Code	
Driver's License Number		Issuing State			
Other License		Number	Issuing State		
Please list other states in which you have held a license:					
<p>I understand that I must provide my date of birth in order to confirm my identity for purposes of completing an accurate background investigation. I further understand it is not provided to the employer for any purpose in connection with consideration of my application for employment.</p>		<p align="center">_____/_____/_____ MM    DD    YYYY</p>			

I acknowledge receipt of the FCRA CONSUMER RIGHTS NOTICE, "A Summary of Your Rights under the Fair Credit Reporting Act."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date