

APPLICATION FOR EMPLOYMENT

Platte County Health Department
 212 Marshall Road
 Platte City, MO 64079

Applicant Name (Last, First, Middle, Maiden)				Date	
Mailing Address (Street & Number, City, State, Zip)				County	
Telephone Number - Home			Telephone Number - Work		
Have You Ever Applied For Employment With Us? Yes No				Social Security Number	
If Yes, When & For What Position?					
Positions Applied For Or Present Position With PCHD					
Are You Legally Eligible For Employment In The United States?				Yes No	
Have You Been Convicted Of Any Felony Or Misdemeanor Since Your 17th Birthday? Do Not Include Traffic Violations. If Yes, Explain				Yes No	
If Offered A Position, Would You Consent To A Background Check?				Yes No	
Have You Ever Been Discharged Or Forced To Resign From Any Job? If Yes, Explain				Yes No	
Are You Now Employed?		Yes No		If Yes, May We Contact Your Employer?	
				Yes No	
Do You Hold A Valid Drivers License?		Yes No		Can You Travel If Position Requires It?	
				Yes No	
Do You Own An Automobile Or Can You Obtain One If Position Requires It?		Yes No			
Date Available For Work		Are You Available To Work ___ Full-Time ___ Part-Time ___ Temporary			
		If Part-Time, What Days/Hours Can You Work?			
Minimum Starting Salary You Will Accept			From What Source Did You Learn Of This Position?		
Educational Record					
Circle Last Year Completed					
High School	1	2	3	4	GED? Yes No Did You Graduate? Yes No
Name: _____					Location: _____
College	1	2	3	4	Degree / Course of Study _____
Name: _____					Location: _____
College	1	2	3	4	Degree / Course of Study _____
Name: _____					Location: _____

Employment Record (including military service)

IMPORTANT: Complete following **beginning with your present employment** (or if unemployed, your most recent employment) and list your employment record in reverse order. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheet if necessary.

Name Of Employer		Address (City & State)	
Date Employed (M/Y)	Date Separated (M/Y)	Job Title	Ending Salary
No. Of Months Full-Time	No. of Months Part-Time	Name & Title Of Supervisor	Reason For Leaving
Brief Description Of Your Responsibilities			
Name Of Employer		Address (City & State)	
Date Employed (M/Y)	Date Separated (M/Y)	Job Title	Ending Salary
No. Of Months Full-Time	No. of Months Part-Time	Name & Title Of Supervisor	Reason For Leaving
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Brief Description Of Your Responsibilities			

List Professional Societies And Groups To Which You Belong:

If You Are Currently Certified, Registered Or Licensed To Practice Your Profession Or Occupation, Give Name Of Association Or Licensing Authority, And Certification Registration Or License Number:

Give Names Of Three Persons, Preferably Business Or Professional, As References (Not Relatives Or Employers)

Full Name	Street	City	State	Occupation/Business
1)				
2)				
3)				

Provide Any Other Information Which You Believe May Be Pertinent To The Position Applied For, Such As Scholastic Honors, Volunteer Work, Membership In Civic Organizations, Publications, Special Training Not Included Above, Special Skills, Etc.

I Certify That The Answers I Have Made To Each And All Of The Questions In This Personnel Record Are Full And True To The Best Of My Knowledge And Belief.

Date _____ Applicant Signature _____