



11660 Upper Gilchrist Rd., Mount Vernon, OH 43050
Ph 740-392-2200 • Fax 740-392-9613
www.knoxhealth.com

Application for Employment

The Knox County Health Department is an Equal Opportunity Employer/Provider, committed to employing individuals without regard to race, color, age, sex, military status, religion, national origin, ancestry, disability, or genetic information.

Name _____ SS# _____

Address _____

City _____ State _____ Zip Code _____

Cellular phone _____ Home Telephone _____

Previous 3 Address(es):

Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

Position Applying For _____

Driver's License Information: State _____ License # _____

Can you provide evidence of authorization to work in the United States?

Yes _____ No _____

Have you served in the military services of the United States?

Yes _____ No _____ If yes, what branch? _____

EDUCATION

SCHOOL	NAME	GRADUATED	DEGREE/ CERTIFICATION	MAJOR
High School		YES / NO / GED		
College				
Post Graduate				
Other				

CERTIFICATIONS/LICENSES

List Professional License Number & Expiration Date

Registered Nurse License # _____ Expiration Date _____

STNA _____

Certified Home Health Nurse _____

Certified Medical Assistant /Radiographer's License _____

Dental Assistant _____

CPR Certification Expiration _____

First Aid Expiration _____

Other (please list) _____

VACCINATIONS

Hepatitis B Vaccine (3 shots) Yes _____ No _____ Dates _____

TB Skin Test (2 step) Yes _____ No _____ Dates _____

WORK/EMPLOYMENT HISTORY (List all previous employers, beginning with the most recent or current position.)

Employer _____	City _____
Dates of employment	From _____ To _____
Position/Job Title _____	
Reason for Leaving _____	

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Dates of employment	From _____ To _____
Position/Job Title _____	
Reason for Leaving _____	

Employer _____	City _____
Dates of employment	From _____ To _____
Position/Job Title _____	
Reason for Leaving _____	

REFERENCES

Please list at least three (3) people who have knowledge of your character and work capabilities. Please list at least two (2) people who are previous/current supervisors or instructors. Please **DO NOT** list family members.

NAME	RELATIONSHIP TO YOU	CURRENT PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date you can start _____ Salary desired _____



I certify that the information contained in the application is true and complete to the best of my knowledge and I understand that any false information on this application may be grounds for not hiring me, or if hired, may be grounds for possible termination.

Signature _____ Date _____

PLEASE READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the County or any of its departments 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.