

### Application for Employment

Knox Public Health 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.

**GENERAL INFORMATION:**

LEGAL FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PREFERRED FIRST NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

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

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

POSITION APPLYING FOR: \_\_\_\_\_

DRIVER'S LICENSE INFORMATION: STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

CAN YOU PROVIDE EVIDENCE OF AUTHORIZATION TO WORK IN THE UNITED STATES?

YES NO

HAVE YOU SERVED IN THE U.S. MILITARY?

YES NO IF YES, WHICH BRANCH: \_\_\_\_\_

**PREVIOUS 3 (THREE) ADDRESSES:**

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

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

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

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

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

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

**EDUCATION:**

SCHOOL NAME:	DEGREE TYPE:	MAJOR/FIELD OF STUDY:

**CERTIFICATIONS/LICENSES:**

LICENSE TYPE:	LICENSE NUMBER:	LICENSE EXPIRATION DATE:

**VACCINATIONS:**

**HEPATITIS B VACCINE (SERIES OF 3):**      YES                  NO

DATE: \_\_\_\_\_                  DATE: \_\_\_\_\_                  DATE: \_\_\_\_\_

**TB SKIN TEST (2-STEP):**                  YES                  NO

DATE: \_\_\_\_\_                  DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

LIST ALL PREVIOUS EMPLOYERS BEGINNING WITH THE MOST RECENT OR CURRENT POSITION.

**EMPLOYER 1:**

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

DATES OF EMPLOYMENT: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:**

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

DATES OF EMPLOYMENT: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:**

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

DATES OF EMPLOYMENT: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 4:**

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

DATES OF EMPLOYMENT: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES:**

PLEASE LIST AT LEAST 3 PEOPLE WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND WORK CAPABILITIES. AT LEAST 2 OF YOUR REFERENCES SHOULD BE PREVIOUS/CURRENT SUPERVISORS AND/OR INSTRUCTORS. *DO NOT LIST FAMILY MEMBERS.* **EMAIL ADDRESSES ONLY, DO NOT GIVE PHONE NUMBERS OR OTHER CONTACT METHODS**

**REFERENCE 1:**

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

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

**REFERENCE 2:**

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

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

**REFERENCE 3:**

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

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

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**DATE YOU CAN START:** \_\_\_\_\_

**DESIRED HOURLY RATE/SALARY:** \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. 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: \_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**  
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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 LIMITATION TO THE CONTRARY.