APPLICATION FOR EMPLOYMENT
Local Health Departments of Kentucky
(Excluding Lexington-Fayette, Louisville Metro, and Northern Kentucky which include Boone, Kenton, Campbell and Grant Counties)

INFORMATION SHEET

We appreciate your interest in employment with the _____ local health department. So that you will receive full consideration for employment opportunities an "**Application for Employment" must be completed and returned to the local health department where employment is being sought for proper consideration.**

General Instructions for completing the application for employment

- **See that your application is complete and correct before you sign it.**
- **Type or print this application clearly in dark ink in its entirety.**
- **Read the job announcement carefully before you apply. Job Announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements.**
- **Do not substitute a resume' or other application form for this application. Résumé's may be attached only for additional information and clarification.**
- **Write the exact job title as specified on the job announcement.**
- **Your application will be accepted only if it clearly shows you meet the minimum requirement of education and experience. The information you give will be subject to review and verification at any time.**
- **If a last day and time for filing is shown in the job announcement, your application and any required information, such as transcript, license, certification, you need to submit must be in the office listed on the job announcement by the date indicated.**
- **Late applications will be rejected.**
- **Incomplete applications cannot be accepted. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration.**
- **Applications should be returned to the local Health Department where employment is being sought for proper consideration.**
- **Change of name or address should be reported in writing immediately to the department where you applied and the Local Personnel Branch at the following address:**

Department for Public Health
Division of Local Health Department Operations
Local Health Personnel Section
275 East Main Street, HS1WD
Frankfort, Ky. 40621
Phone Number (502) 564-3796
FAX number (502) 564-0993

Include your social security number, former name and address, as well as your new name and address and the title of the position for which you are applying

LOCAL HEALTH DEPARTMENTS OF KENTUCKY

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, religion, or status with regard to public assistance, or disability. Thank you for your interest in employment with us.

Agency use only-----
_____Class # _____
_____Class # _____
_____Class # _____
_____Class # _____

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

SSN Required for Record Keeping and Data Processing only

Date: _____

Name_____
Last First Middle (Maiden)

Present Address_____
Street City State Zip Code County

Telephone (_____)_____-_____ (_____)_____-_____
Home or where you can be reached Business

POSITION (S) APPLIED FOR

_____ _____
Local Health Department Local Health Department

_____ _____
Title of Position Title of Position

_____ _____
Counties of Interest Counties of Interest

_____ _____
Minimum Acceptable Salary Minimum Acceptable Salary

PERSONAL INFORMATION

If under 18 years of age please provide proof of eligibility to work.

Yes☐ No ☐ Have you ever applied for a position with a Kentucky local health department before?

If yes, when? _____

Yes☐ No ☐ Have you ever been employed with a Kentucky local health department before?

If yes, when? _____ Under what name? _____

Which health department? _____

Yes☐ No ☐ Do you have a relative employed with a Kentucky local health department?

If yes, who? _____

Which health department? _____

Yes ☐ No ☐ May we contact your present employer?

Yes ☐ No ☐ May we contact your previous employer(s)?

Social Security No __ __ __ __ __ __ __ __ __
For identification in case pages become separated

Criminal Conviction/Traffic Violations: Have you ever been convicted of;

Yes ☐ No ☐ (1) a misdemeanor, gross misdemeanor, or felony?

Yes ☐ No ☐ (2) A moving traffic violation within the last five (5) years?

If yes, identify the crime for which you were convicted, the date of the conviction and the location of the county in which you were convicted. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction or adjudication of guilt of a misdemeanor will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of qualifications.

LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

_____

_____

_____

AVAILABILITY:

You will be asked, if offered employment, to verify that you are a citizen of the United States or provide proof that your immigration status permits you to work.

On what date will you be available for work?_____

☐ Full-time ☐ Part-time ☐ Temporary

Yes ☐ No ☐ If required, are you available for travel?

Yes ☐ No ☐ If required, are you available to work on call (after normal work hours? Saturdays, Sundays)? *Some positions may require that you be on call on a rotating basis to provide service after normal working hours or on the weekends.

Yes ☐ No ☐ If required, are you available to work overtime during the week?

Yes ☐ No ☐ If required, are you available to work overtime on weekends?

EDUCATION AND TRAINING

EDUCATION

High School Graduate ☐ Yes ☐ No If no highest grade completed ____
Passed High School Equivalency Tests/GED ☐ Yes

College Graduate ☐ Yes ☐ No If no, indicate the level of college completed:

☐ College Freshman ☐ College Sophomore ☐ College Junior ☐ College Senior
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Ph D

Are you currently attending school? ☐ Yes ☐ No If yes, anticipated graduation or completion date:_____

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College, University or Professional School: List all undergraduate and graduate work.

Name	Location	Dates of Attendance (Month and Year) From	To	*Number of Credits Qtr.*	*Sem.*	Degree Rec'd AA.,BS. Etc.	Date	Major	Minor

TRANSCRIPTS MUST BE PROVIDED AT TIME OF APPLICATION FOR THOSE JOB ANNOUNCEMENTS THAT REQUIRE POST-SECONDARY EDUCATION OR WHEN EDUCATION CAN BE SUBSTITUTED FOR EXPERIENCE.

Business, Correspondence, Trade, Technical, or Vocational School Name and Location	Dates of Attendance **(Month and Year)** From	To	Total Hours Completed	Hours Required for Certification	Courses/Subjects Taken	Certificates Received

KNOWLEDGE / SKILL/ ABILITIES (KSAs)
List KSAs you possess and believe relevant to the position you seek, such as operating a computer, fluency in language, etc.

_____
_____
_____

LICENSES OR CERTIFICATES:
Please indicate if you have a license, certificate, or other authorization to practice a trade or profession.
Teachers must provide a copy of certification. (Temporary, Provisional, Regular, etc.)

***A COPY OF LICENSURE VERIFICATION IS REQUIRED FOR POSITIONS, E.G. NURSE, PHYSICAL THERAPIST, ARNP, ETC.**

Name of Trade or Profession Certificate/License:	License Number	Current License Expiration Date	Name and Address of Licensing Agency	Verified *

Social Security No __ __ __ __ __ __ __ __ __
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EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. **Use a separate block to describe each position or gap in employment.** If needed attach additional sheets, using the same format as on the application. The information provided will be used to determine if you meet the minimum requirements of education, training, and experience for the position. List your present or most recent experience first. List each job (including promotions) separately, even if in the same organization. Under "Description of work" describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. Indicate number of employees supervised. **If the number of hours on a job varied or was PRN, use the average number of hours per week**. Part time experience is pro-rated according to the number of hours worked, using 37.5 hours for the workweek.

1. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work: _____

_____

_____

_____

_____

Reason for Leaving/Wanting to Leave: _____

2. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work: _____

_____

_____

_____

_____

Reason for Leaving/Wanting to Leave: _____

Social Security No __ __ __ __ __ __ __ __ __
For identification in case pages become separated

3. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work: _____

_____

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_____

Reason for Leaving/Wanting to Leave: _____

4. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work: _____

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_____

Reason for Leaving/Wanting to Leave: _____

5. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work: _____

_____

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_____

Reason for Leaving/Wanting to Leave: _____

Social Security No __ __ __ __ __ __ __ __ __
For identification in case pages become separated

6. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work:_____

_____

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Reason for Leaving/Wanting to Leave:_____

7. Employer Address Phone

Job Title Supervisor's Name and Title No. Supervised by You

Date Employed (Mo./Year) _____ Starting Salary: $_____ Per _____

Date Separated (Mo./Year) _____ Ending Salary: $_____ Per _____

Full Time _____Hrs/Week ____ # Years _____# Months Part Time _____Hrs/Week ____ # Years _____# Months

Description of Work: _____

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_____

Reason for Leaving/Wanting to Leave: _____

CERTIFICATION: I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my employment if I am hired. I certify to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete, and made in good faith.

Signature: _____ **Date**: _____

EEO Survey

Although the following information is not mandatory, it is requested to aid the Department for Public Health and the local health department for which you are seeking employment in their commitment to Equal Employment Opportunity. The information in this section will not be used in making any decision affecting potential employment or any personnel action following employment, should you be employed.

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

Gender: _____ Male _____ Female

Ethnicity (Check Only One)

☐ White (Non-Hispanic) ☐ Black (Non-Hispanic) ☐ Hispanic or Latino

☐ Asian or Pacific Islander ☐ Native American ☐ Other _____

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Name _____
Social Security No __ __ __ __ __ __ __ __ __
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EMPLOYMENT HISTORY SUPPLEMENTAL-SKILLS

For each skill/task you possess check those that you have experience in and write the years or months accumulated for each skill/task that you possess and write the corresponding number(s) associated from the employment history section of the application from which you obtained the skill. Leave space blank if you do not possess that skill or are unwilling to perform it. If you have a skill not listed which you consider important, please write it at the bottom section and indicate the number of years of experience you have.

COMPUTER SKILLS/ WORD PROCESSING

- ❑ Windows 2000+_____
- ❑ Word Perfect _____
- ❑ MS Word _____
- ❑ Outlook _____

SPREADSHEETS/ DATABASE/PUBLISHING

- ❑ Excel _____
- ❑ Lotus1-2-3 _____
- ❑ Access Version _____
- ❑ Publisher _____
- ❑ PowerPoint _____

MAINFRAME/WORK-STATION SOFTWARE (SPECIFY) _____

_____

KEYBOARDING SKILLS

- ❑ Typing (____wpm) _____
- ❑ Correspondence/Forms Newsletters/Manuscripts _____
- ❑ Tables/Charts/Graphs/ Statistical Data_____
- ❑ Medical/Scientific/Legal Terminology_____
- ❑ Foreign Language Typing _____

OFFICE EQUIPMENT

- ❑ Photocopy/Fax Machine _____
- ❑ Audio/Visual Equipment _____

FRONT DESK/COUNTER SCHEDULING

- ❑ Screen/Direct_____
- ❑ Volume of Traffic (_____/hour)_____
- ❑ Appointment Calendar (System used)_____ _____
- ❑ Meetings/Conferences _____
- ❑ Travel Arrangements _____

RECEPTIONIST SKILLS/ TELEPHONE

- ❑ Console _____
- ❑ Moderate Phone Contact (3+ hours/day)_____
- ❑ Heavy Phone Contact (6+ hours/day)_____

MAIL

- ❑ Sort/Screen/Distribute _____
- ❑ Date Stamp/Log _____

FILING

- ❑ Develop Systems _____
- ❑ Maintain Files/Archive _____

ADDITIONAL SKILLS

- ❑ Take minutes _____
- ❑ Draft Correspondence _____
- ❑ Document Assembly and Preparation Proofread/ Edit/Layout_____

FISCAL OPERATIONS

ACCOUNTING/ BOOKKEPING

- ❑ Accounts Payable (System) _____
- ❑ Accounts Receivable (“) _____
- ❑ Financial Systems (“) _____
- ❑ Posting/Recharges (“) _____
- ❑ General Ledger Reconciliation _____
- ❑ Deposits _____
- ❑ Transfer of Funds _____
- ❑ Expense Report Preparation _____

PAYROLL (For # & System Used) _____
_____
_____

BUDGET

- ❑ Collect Data _____
- ❑ Proposal Preparation _____
- ❑ Prepare Budget _____
  Assist Only _____
- ❑ Monitor Expenditures _____
- ❑ Contract/Grant Proposals _____

BILLING AND CASHIERING

- ❑ Billing/Invoicing _____
- ❑ Collections _____
- ❑ Cash Handling _____

Name _____
Social Security No __ __ __ __ __ __ __ __ __
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ADMINISTRATION
PURCHASING/INVENTORY

- ❑ Expenditure Control _____
- ❑ Vendor Liaison _____
- ❑ Purchase Orders/Requisitions _____

STAFF PERSONNEL

- ❑ Interpret Policies & Procedures _____
  Develop P&P _____
- ❑ Provide Benefits Counseling _____

SUPERVISORY SKILLS

- ❑ No. of Employees:_____
- ❑ Interview and Select _____
- ❑ Train _____
- ❑ Schedule Assignments _____
- ❑ Review Work _____
- ❑ Evaluate Performance _____
- ❑ Take Disciplinary Action _____

SURVEY SKILLS

- ❑ Data Collection _____
- ❑ Phone Interviews_____
- ❑ In-Person Interviews ___
- ❑ Coding _____

SECONDARY LANGUAGES

- ❑ Specific _____
- ❑ Speak _____
- ❑ Write _____
- ❑ Translate _____