Knox
PUBLIC HEALTH
11660 Upper Gilchrist Rd., Mount Vernon, OH 43050
740-392-2200 ▪ knoxhealth.com

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.

Name_____ SS#_____

Address_____

City_____State_____Zip Code_____

Cellular phone_____ Home Telephone_____

Email Address _____

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/	MAJOR
		YES / NO / GED	CERTIFICATION	
High School				
College				
Post Graduate				
Other				

CERTIFICATIONS/LICENSES

List Professional License Number & Expiration Date

Registered Nurse License #_____Expiration Date_____

Certified Medical Assistant /Radiographer's License_____

Dental Assistant_____

CPR Certification Expiration_____

First Aid Expiration_____

Other License, Number, &Expiration Date (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_____

Employer_____City_____

Dates of employment From _____ To_____

Position/Job Title_____

Reason for Leaving_____

Employer_____City_____

Dates of employment From _____ To_____

Position/Job Title_____

Reason for Leaving_____

Employer_____City_____

Dates of employment From _____ To_____

Position/Job Title_____

Reason for Leaving_____

Please list at least three (3) people who have knowledge of your character and work capabilities, at least two (2) of which who are previous/current supervisors or instructors. Please ***DO NOT*** list family members.
Name______________________________ Relationship__________________________ Phone Number________________________ Email________________________________
Name______________________________ Relationship __________________________ Phone Number ________________________ Email ________________________________
Name ______________________________ Relationship __________________________ Phone Number ________________________ Email ______________________________

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_______________________

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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 limitations to the contrary.

05/08/2019 BNM