



# Seneca County General Health District

## Application for Employment

*The Seneca County General Health District is an Equal Opportunity Employer and provider of ADA services*

Please submit **one application per position** to the address indicated on the job posting or announcement. Copies are acceptable. Please be sure to complete the entire application. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

NAME: (Last, First, Middle)		DATE OF BIRTH - Year Not Required Month                      Day	
ADDRESS: (Street, City, State, ZIP Code)			
PRIMARY PHONE:		ALTERNATE PHONE:	
E-MAIL ADDRESS:			
DO YOU HAVE A CURRENT DRIVER'S LICENSE: Yes <input type="checkbox"/> No <input type="checkbox"/>		DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U. S.: Yes <input type="checkbox"/> No <input type="checkbox"/>	
STATE:		CLASS:	

<i>PREFERENCES</i>	
TYPE OF WORK YOU WILL ACCEPT: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	DATE AVAILABLE TO BEGIN:

<i>EDUCATION</i>	
HIGH SCHOOL NAME:                      LOCATION: (City, State)	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
CIRCLE YEAR COMPLETED:    9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	OBTAINED GED? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
SCHOOL NAME (College/University):	LOCATION: (City, State)
CIRCLE YEAR COMPLETED:    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
DEGREE RECEIVED:	
SCHOOL NAME (College/University):	LOCATION: (City, State)
CIRCLE YEAR COMPLETED:    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
DEGREE RECEIVED:	
SCHOOL NAME (College/University):	LOCATION: (City, State)
CIRCLE YEAR COMPLETED:    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
DEGREE RECEIVED:	



# Seneca County General Health District

## Application for Employment

*The Seneca County General Health District is an Equal Opportunity Employer and provider of ADA services*

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You should submit a cover letter and résumé *in addition* to completing this application. **If you need additional space, attach extra sheets to this application.**

<b>EMPLOYMENT HISTORY</b>		
<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>ADDRESS:</b> (Street, City, State, ZIP Code) _____		
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	<b>SALARY/WAGES:</b> _____
<b>DUTIES/SKILLS:</b> _____ _____ _____		
<b>REASON FOR LEAVING:</b> _____		<b>MAY WE CONTACT THIS EMPLOYER:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>ADDRESS:</b> (Street, City, State, ZIP Code) _____		
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	<b>SALARY/WAGES:</b> _____
<b>DUTIES/SKILLS:</b> _____ _____ _____		
<b>REASON FOR LEAVING:</b> _____		<b>MAY WE CONTACT THIS EMPLOYER:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>DATES :</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>ADDRESS:</b> (Street, City, State, ZIP Code) _____		
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	<b>SALARY/WAGES:</b> _____
<b>DUTIES/SKILLS:</b> _____ _____ _____		
<b>REASON FOR LEAVING:</b> _____		<b>MAY WE CONTACT THIS EMPLOYER:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

*This application has been adapted from the Ohio Civil Service Application for State and County Agencies (GEN-4268 Revised 01/12)*