

**VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
EMPLOYMENT APPLICATION**

An Equal Opportunity Employer

**57418 CR 681
Hartford MI 49057**

Today's Date: _____

Instructions: Please give complete answers to all questions. Applications will be held in active status for (6) months from the date of application.

NAME: Last, First, Middle	Social Security Number	Home Phone: Work Phone:
		Are you 18 years or older?
ADDRESS:	Position Applying for:	
How soon available for work?	Do you have a relative, other than spouse, working for the County and/or Health Department? Y / N If so, whom?	
Expecting starting pay?		
From what source did you hear of this position?	Drivers License Number: Number of points?	
Will you accept part-time work? Y / N	Were you previously employed by the County and/or Health Department? If yes, dates and where?	
Will you accept temporary work? Y / N		

EDUCATION:

List name of school, city and state, and grade completed (high school, university or college, vocational training)

SKILLS: (Answer questions that are applicable to position applying for)

Keyboarding and/or typing (please indicate words per minute): _____

Dictation (please indicate words per minute): _____

Are you knowledgeable of computers and their related software programs? Y / N

If yes, please explain below:

Other equipment or machinery you can operate (applicable to position):

Speak another language fluently (other than English)? _____

Know Medical Terminology? Y / N

Experience in billing and/or coding practices? Y / N

WORK EXPERIENCE

May we contact your present employer? Y / N

Name of present or last employer:	Address:	
Dates of Employment:	Last Rate of Pay:	Reason for Leaving:
Job Title:	Supervisor's Name and Title:	

Description of Duties:

Name of next previous employer:	Address:	
Dates of Employment:	Last Rate of Pay:	Reason for Leaving:
Job Title:	Supervisor's Name and Title:	

Description of Duties:

Name of next previous employer:	Address:	
Dates of Employment:	Last Rate of Pay:	Reason for Leaving:
Job Title:	Supervisor's Name and Title:	

Description of Duties:

Are you subject to any agreements with past employers that could prohibit your free employment? Y / N

If yes, please provide documentation. **DO NOT SHARE YOUR PAST EMPLOYER'S PROPRIETARY INFORMATION WITH US UNLESS YOU HAVE SPECIFIC PERMISSION TO DO SO.**

MILITARY SERVICE:

Served in military? Y / N Dishonorably Discharged? Y / N
A dishonorable discharge will **not** disqualify you for employment consideration.

VISA STATUS:

Are you authorized to work in the United States? Y / N

Have you ever been convicted of a crime? Y / N If yes, please explain:

REFERENCES - Other than relatives and former employers:

Name/Occupation	Address	Phone number

Medical examinations, in accordance with the American's with Disabilities Act. Van Buren/Cass District Health Department may require applicants to undergo a medical examination, including drug testing, after an offer of employment has been made and prior to the commencement of employment duties. The Van Buren/Cass District Health Department may condition the offer of employment on the results of such employment entrance examination and testing.

The District Health Department requires a criminal check of all applicants. This must be done after an offer of employment has been made and prior to the commencement of employment duties. A criminal check is required prior to employment and every year thereafter.

I understand that Van Buren/Cass District Health Department has the right to refuse to hire or immediately terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or any other documents or forms at any time during my employment.

I represent that the answers and information given by me in this application are true and complete.

Date: _____

Signature: _____

RELEASE STATEMENT

I hereby authorize Van Buren/Cass District Health Department to verify the same and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give Van Buren/Cass District Health Department information they have regarding me without receiving a signed authorization notice from them.

I authorize Van Buren/Cass District Health Department to use any information in its possession concerning me for any purpose it deems appropriate including disclosure of information to any third party without any notification to me of such disclosure. I release Van Buren/Cass District Health Department from any liability in connection with such use of disclosure.

I request and authorize the release of all information regarding my employment to Van Buren/Cass District Health Department, including but not limited to, my performance in such employment, attendance, dates of employment and reason for leaving such employment. I hereby release you and all individuals or persons connected herewith from all liability for providing this information and waive my right to written notice of the release to Van Buren/Cass District Health Department of any relevant information that may be contained in my personnel file.

I understand that I will receive a copy of any information provided by a third party.

Date: _____

Signature: _____