

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

An Equal Opportunity Employer. It is the policy of Van Buren/Cass District Health Department to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight, genetic information or disability.

Position(s) Applying for: _____ **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	Email Address:	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.

Description of work performed and responsibilities: _____

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. Accommodations may be available to disable applicants who need and request them.

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 and completed annually 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 understand that Van Buren/Cass District Health Department is an At-Will Employer. If I am hired by the company, I will be employed on an indefinite basis and that my employment is subject to termination at any time, with or without prior notice, discipline, or warning, and for any or no reason.

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

Date: _____

Signature: _____

RELEASE STATEMENT

I acknowledge that I have been informed that it is Van Buren/Cass District Health Department’s policy to disclose in response to a prospective employer’s request only the following information about current or former employees: (1) the dates of employment, (2) descriptions of the jobs performed and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that Van Buren/Cass District Health Department depart from this general policy in responding to reference requests from any prospective employer that may be considering me for employment. I authorize Van Buren/Cass District Health Department to disclose to such prospective employers any employment-related information that Van Buren/Cass District Health Department, in its sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations or assessments that Van Buren/Cass District Health Department may have about my performance or behavior as an employee.

In exchange for Van Buren/Cass District Health Department’s agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge Van Buren/Cass District Health Department and Van Buren/Cass District Health Department’s successors, employees, officers and directors for all claims, liabilities and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to Van Buren/Cass District Health Department’s disclosure of employment-related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

Signed: _____

Date: _____