



PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

Employment Application

Applicants requiring reasonable accommodation with the application and/or interview process, please notify the person from whom you obtained this application. All applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability, veteran/reserve/national guard status, genetic information or any other legally protected status.

DO NOT USE "SEE RESUME" IN LIEU OF COMPLETING THIS APPLICATION. RESUMES AND COVER LETTERS MAY BE INSERTED.

Portage County Combined General Health District may refuse employment consideration if the application is not filled out completely and accurately. Please submit one application per position. Note that this application will become public record upon submission to Portage County Combined General Health District. Applications are filed according to specific job openings.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for Portage County Combined General Health District? YES ☐ NO ☐ If yes, when? _____

Do you have relatives employed by Portage County Combined General Health District? YES ☐ NO ☐

If yes, provide the name(s) and relationship to you: _____

*Hiring of relatives may be precluded when one relative would supervise or have disciplinary authority over another, would audit the work of another or when a conflict of interest would exist between the relative and the employee.

Education

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES ☐ NO ☐ **Diploma:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES ☐ NO ☐ **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES ☐ NO ☐ **Degree:** _____

References

Please list three professional references.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Previous Employment

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Licenses and/ or Certifications

License and/ or Certification Type: _____ Issuing State: _____

License Number: _____ Expiration Date: _____

I understand that if offered a position of employment that requires licenses or certifications and I fail to maintain them or otherwise lose such licenses and/or certifications, my employment can be terminated.

Please initial: _____

Disclaimer and Signature

Portage County complies with all federal, state and local laws that prohibit discrimination, including, but not limited to, the following: (1) The Civil Rights Act of 1964 (Title VII) which prohibits discrimination in employment because of race, color, religion, sex, national origin or ancestry; (2) The Age Discrimination in Employment Act (ADEA) of 1967 (3) The Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 which prohibit discrimination against persons with disabilities; and (4) Ohio Revised Code Chapter 4112.02.

I authorize Portage County (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my past employment, and to verify all data given on this application. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver's license, I also authorize Portage County to verify the validity of my driver's license and/or review the state's Motor Vehicle Registration Records.

I understand that an offer of employment may be contingent upon passing a drug/alcohol screening and submitting to a physical examination, if required by county policy, and I consent to the examinations and such future examinations as may be required by Portage County. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

I understand that an offer of employment may be contingent upon passing a criminal background check.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for dismissal.

By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

Signature: _____ Date: _____