Return application to the Henderson County Department of Public Health

1200 Spartanburg Hwy, Suite 100, Hendersonville NC 28792 Email: healthhr@hendersoncountync.org Fax: (828) 697-4709

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| **Please print or type application. Applicant may attach a resume, if desired. Application must be completed in full.**  | Date of Application      |
| Last Four Digits of Social Security NumberXXX-XX-      | Last Name      | First Name      | Middle Name      |
| Address (Street number and name)       | City      | State      | Zip      |
| Phone (where you can be reached) (       )       | Alternate Phone(       )       | E-mail Address      |

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| AvailabilityDo you now work for Henderson County Local Government? [ ]  Yes [ ]  No Department & Position      Have you previously worked for Henderson County Local Government? [ ]  Yes [ ]  No Department & Position      Are you related by blood or marriage to any person now working for Henderson County Local Government? [ ]  Yes [ ]  No (If yes, give name, relationship to you and the Department where employed)      If hired, can you provide written evidence that you are authorized to work in the U.S.? [ ]  Yes [ ]  NoFederal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? [ ]  Yes [ ]  No Do not enter a response if the regulations do not apply. |
| CHECK the types of work you will accept: [ ]  Full-time [ ]  Part-time Earliest date you can begin work (mo./day/yr.)       |

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| Jobs Applied ForEnter below the specific title(s) of the job(s) for which you are applying. This section must be completed to evaluate your application.1.       2.       3.       |

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| Military ServiceDate entered:       Date separated:       Branch:       Type of Unit:      Rank:       Grade:       Duties:       |

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| Referral SourcePlease indicate your referral source:       |

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| Education Check box of highest grade completed: [ ]  < = 11 [ ]  High School Graduate [ ]  GED Highest Degree completed: [ ]  Associates [ ]  Bachelors [ ]  Masters [ ]  Other:       |
| Schools | Name and Location | From(MM/YY) | To (MM/YY) | Grad? | Semester/ Quarter Hours | Maj/Min Course Work and Type of Degree |
| High School |       |       |       | Yes | [ ]  |       |       |
| No | [ ]  |
| College(s) /University (s) |       |       |       | Yes | [ ]  |       |       |
| No | [ ]  |
| Graduate / Professional |       |       |       | Yes | [ ]  |       |       |
| No | [ ]  |
| Other educational vocational school, internships, etc. |       |       |       | Yes | [ ]  |       |       |
| No | [ ]  |

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| **Special Training** Special training programs and seminars you have completed in the last five years (List):      |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:      |

Date Received by HR:

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| **Current Professional Status** Current professional status: (List fields of work for which you have been registered):Registration:       State:       No:       Registration:       State:       No:        |
| List other licenses, certifications, special courses, professional status, and membership in professional, honorary or technical societies:      |

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| **Applicant Name:       Last Four of SSN:       Phone Number:** |

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| SkillsCheck the following skills, experience, etc. which you have:[ ]  Driver’s license (State/Number)       Class:       [ ]  Languages other than English (specify)       [ ]  Keyboarding/Typing (specify WPM)       [ ]  Computer Skills Microsoft: [ ]  Word [ ]  Excel [ ]  PowerPoint [ ]  Publisher [ ]  Access [ ]  Other (specify software and skills):       [ ]  Other relevant skills:       |

**Work History (include volunteer experience). Use Additional Sheets if necessary.**

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| Current or Last Employer:      | Address:      |
| Job Title:      | Supervisor Name:      | Telephone Number:      |
| Date Employed (mo./yr)      | Ending/Current Salary$       per       | No. Supervised by you      | Reason left or will be leaving      |
| Date Separated mo./yr.)      | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:      |
| Full time       Years       Months |
| Part Time       Years       Months |
| If part time, number of hours worked per week:       |

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| Employer:      | Address:      |
| Job Title:      | Supervisor Name:      | Telephone Number:      |
| Date Employed (mo./yr)      | Ending/Current Salary$       per       | No. Supervised by you      | Reason for leaving      |
| Date Separated mo./yr.)      | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:      |
| Full time       Years       Months |
| Part Time       Years       Months |
| If part time, number of hours worked per week:       |

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| Employer:      | Address:      |
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| Date Employed (mo./yr)      | Ending/Current Salary$       per       | No. Supervised by you      | Reason for leaving      |
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| Full time       Years       Months |
| Part Time       Years       Months |
| If part time, number of hours worked per week:       |

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| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority G.S. 126-30, G.S. 14-122.1) Unsigned applications will not be processed. Electronic signatures are acceptable. |
| Signature of Applicant       | Date       |

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| **Applicant Name:       Last Four of SSN:       Phone Number:** |

**Work History – Continuation Sheet**

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| Employer:      | Address:      |
| Job Title:      | Supervisor Name:      | Telephone Number:      |
| Date Employed (mo./yr)      | Ending/Current Salary$       per       | No. Supervised by you      | Reason for leaving      |
| Date Separated mo./yr.)      | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:      |
| Full time       Years       Months |
| Part Time       Years       Months |
| If part time, number of hours worked per week:       |

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| Employer:      | Address:      |
| Job Title:      | Supervisor Name:      | Telephone Number:      |
| Date Employed (mo./yr)      | Ending/Current Salary$       per       | No. Supervised by you      | Reason for leaving      |
| Date Separated mo./yr.)      | List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:      |
| Full time       Years       Months |
| Part Time       Years       Months |
| If part time, number of hours worked per week:       |

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| Employer:      | Address:      |
| Job Title:      | Supervisor Name:      | Telephone Number:      |
| Date Employed (mo./yr)      | Ending/Current Salary$       per       | No. Supervised by you      | Reason for leaving      |
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| Full time       Years       Months |
| Part Time       Years       Months |
| If part time, number of hours worked per week:       |

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| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority G.S. 126-30, G.S. 14-122.1) Unsigned applications will not be processed. Electronic signatures are acceptable. |
| Signature of Applicant       | Date       |