



MORROW COUNTY HEALTH DISTRICT
 619 West Marion Road
 Mount Gilead, Ohio 43338
 Phone: (419) 947-1545 ♦ Fax: (419) 946-6807
 E-mail: morrowcountyhdapplications@morrowcountyhealth.org
 Online: www.morrowcountyhealth.org

APPLICATION FOR EMPLOYMENT

The Morrow County Health District is an Equal Opportunity Employer and employment decisions are made without regard to race, religion, color, sex, pregnancy, sexual orientation, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.

Even if you are submitting supplemental information with your application, all information on the Morrow County Health District Application for Employment must be complete.

Personal Information

Date: _____

Name

Last

First

Middle

Alias

Mailing Address

Street Address

PO Box

City

State

Zip Code

Phone Number

Home

Cell Phone or Other Contact Number

Email Address _____ Social Security Number* _____

Do you have the legal right to live and work in the U.S.? Yes No *Proof of citizenship or immigration status will be required upon employment.*

Emergency Contact

Name

Phone

Are you 18 years of age or older? Yes No

Employment Desired Part Time Full Time

How did you find out about this position?

Position(s) _____

County Website

Newspaper

Relative

Friend

Other _____

Date you can start _____ Salary Desired _____

Can you travel if the job requires it? Yes No

Have you ever applied to the Morrow County Health District before? Yes No

When? _____ Which office or department? _____

Have you previously worked for another Morrow County agency or Morrow County Health District ? Yes No

When? _____ Which office or department? _____

List any relatives employed by Morrow County Health District:

Name _____ Department _____ Relationship _____

*Social Security Numbers (SSNs) are used to match individuals with their application. Disclosure of your SSN is **voluntary**; however, upon employment and pursuant to Section 5101.312 of the Ohio Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but limited to the following: identification of obligors under child support orders, detection of welfare fraud, processing background checks, and tax information or general employee information.

The Morrow County Health District performs criminal background checks on prospective employees. The Ohio Revised Code prohibits the Morrow County Health District from hiring individuals with certain criminal records (i.e. R.C. 2921.41, R.C. 3721.121).

Education

Upon employment, the successful applicant may be required to provide proof of graduation or G.E.D.

Name and Location of School	Highest Level Completed	Did you graduate?	Field of Study
High School or GED Courses	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Trade School	1 2 3 4 5 5+	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Business School	1 2 3 4 5 5+	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List special equipment or machines you can operate: _____

List computer software in which you have skills, including word processing, spreadsheets and database programs. Please indicate the name of the specific software: _____

List special clerical skills, including keyboarding and shorthand/speedwriting: _____

Are you a veteran: Yes No If yes, what branch of service? _____

List Rank _____ Length of Service _____

Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Driver's License – Check if CDL State _____ License No. _____ Expiration Date _____

Other License/Certification (LISW, STNA, First Aid/CPR, Notary, etc.)

License/Certification Number _____ State _____ Expiration Date _____

License/Certification Number _____ State _____ Expiration Date _____

OFFICE USE ONLY: License verified by: Name:

Date:

Personal References

Persons who have known you for at least one year. Do not include former employers or relatives.

Name and Occupation	Address	Telephone	Years Known

Employment History

Are you currently employed? Yes Full-time Yes Part-time No

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer. Include additional Employment History sheets to reference your work history. **Do not omit employer history.**

Business	Hire Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business	Hire Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business	Hire Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business	Hire Date	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Address	Ending Date	Reason for Leaving
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Summary of Qualifications

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific posted for the position.

Release and Authorization

READ CAREFULLY BEFORE SIGNING.

Initial each statement in the line provided. All lines must be initialed in order for application to be considered.

- _____ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.
- _____ I certify that I can perform the essential function(s) of the job for which I have applied, with or without reasonable accommodation.
- _____ I understand that falsified statements, intentionally excluded or misleading information given in my application or interview(s) may result in discharge from employment regardless of when such information is discovered.
- _____ I authorize Morrow County Health District to obtain copies of my work record and educational history from my former employers and/or educational institutions.
- _____ I authorize Morrow County Health District to obtain an abstract of my driver's license or commercial driver's license record.
- _____ I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that depending on the department in which I am applying for employment, it may be necessary for the employer to obtain and investigate my background report for any criminal or unlawful activity.
- _____ I release all parties from all liability for any damage that may result from the release and use of educational and employment-related information to Morrow County Health District.
- _____ I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and other applicable laws and meeting background check standards.
- _____ I understand that a post-employment physical examination or drug screening may be required for certain positions and release and use of medical information to Morrow County Health District.
- _____ If employed, I understand and accept that I may be required to work evening or night shifts including weekends, be on call and/or work mandatory overtime hours.
- _____ In the event that I am hired, I authorize Morrow County Health District to update and supplement this information during my employment.
- _____ In consideration of Morrow County Health District's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with Morrow County Health District, its officials, boards, and agencies must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitation set forth herein, and **I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY**. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

Applicant's Signature

Date