

APPLICATION FOR EMPLOYMENT
 SEK MULTI COUNTY HEALTH DEPARTMENT
 411 North Washington Ave.
 IOLA, KS 66749

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

_____ Last First Middle

Address:

_____ Street (Apt) City, State Zip

Contact Information:

() ()
 Home Telephone Mobile Email

Are you licensed or registered in the State of Kansas for the practice of your profession? Yes _____ No _____

Is your profession connected with public health work? Yes _____ No _____ Profession? _____

If "YES" : Date of License or Registration _____ License or Registration Number _____
 Do you have nursing liability insurance? _____ If "YES," what company? _____

Are you able to perform the essential functions of the job you are applying for? Yes _____ No _____

If "NO," please explain. _____

Do you have a valid Kansas Driver's License? Yes _____ No _____

POSITION SOUGHT: _____ Available Start Date: _____

Desired Pay Range: _____ Are you currently employed? _____

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

.....

PREVIOUS EXPERIENCE

Please list most recent employer first:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

.....

.....

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

.....

.....

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

.....

.....

Compliance with the Immigration Reform and Control Act requires that you are legally eligible for employment in the United States. Yes_____ No_____

Please note that under the Immigration Reform and Control Act of 1986, you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be required to provide documentation should you be employed.

.....

Prior Convictions: Have you ever been convicted of any violation of law, including moving traffic violations? Yes_____ No_____

Job Application Certification:

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment.

I understand that all information on this job application is subject to verification. By signing this application, I am authorizing SEK Multi County Health Department to contact references, previous employers, and educational institutions to confirm any information contained herein. I agree to release SEK Multi County Health Department from any and all liability for soliciting such information.

Dated

Job Applicant Signature

REFERENCES

1. Name:

Address:

Phone #:

2. Name:

Address:

Phone #:

3. Name:

Address:

Phone #: