



CLAY COUNTY
PUBLIC HEALTH CENTER



Application- Employment

800 Haines Drive
Liberty, MO 64068
Revised: 3/5/20
Form# 1.010.100.1F-2

Instructions to Submit Application:

Applications may be submitted:

- * Electronically- employment@clayhealth.com
- * Mailed- Clay County Public Health Center
(Attn: Human Resources)
800 Haines Drive
Liberty, MO 64068

Clay County Public Health Center requires a pre-employment Drug, Alcohol & Tobacco/Nicotine Screening

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application in used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and /or interview process should notify a representative of the Health Center.

Please fill out the following information:

Applicant's Name: _____ Date: _____

Position applying for or type of work desired: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Hours of Employment Desired Full-time Part-time PRN

Date you will be available to start work: _____ Desired Salary: _____

Are you able to meet the attendance requirements of the job you are applying for? Yes No

Can you perform the duties of the job you are applying for? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by Clay County Public Health? Yes No

Do you have relatives, guardians and /or wards presently employed at Clay County Public Health? Yes No

*If yes, list name and relationship:

If necessary for the job, can you provide a valid driver's license and/or proof of auto insurance? Yes No

Are you authorized to work lawfully in the United States? Yes No

Will you now or in the future require our company to commence immigration sponsorship to employ you? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Have you used any tobacco/nicotine containing products or controlled substances "drugs" in the last six (6) months? Yes No

Have you pled "guilty" or "no contest" to, or been convicted of a crime within the last seven (7) years?*(*A criminal record or conviction will not automatically bar employment, but will be considered as it relates to the position for which you are applying.*) Yes No

*If yes, please explain:

DATA



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EMPLOYMENT HISTORY	Please provide all employment information for your past four (4) employers starting with the most recent:	
	Current / Most Recent Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From _____ To _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____ May we contact your present employer? Yes No
	Current / Most Recent Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From: _____ To: _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____
	Current / Most Recent Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From: _____ To: _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____
	Current / Most Recent Employer	Employer: _____ Position Held: _____ Address: _____ Phone Number: _____ Immediate Supervisor and Title: _____ Dates Employed: From: _____ To: _____ Salary: _____ Job Summary: _____ Reason for Leaving: _____
If any employment was under a different name, indicate name: _____		
GAPS, SKILLS &	Summarize any employment gaps, job related training, skills, licenses, certificates, military service or other qualifications:	



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EDUCATION HISTORY	List school name and location, number of years completed, course of study, and any degrees earned:			
	High School	Name: _____		
		Address: _____ Not Completed GED Diploma		
	College	Name: _____		
		Address: _____ Not Completed Graduated- Degree Earned: _____		
		Number of Years Completed: _____		Course of Study: _____
Graduate Degree	Name: _____			
	Address: _____ Not Completed Graduated- Degree Earned: _____			
	Number of Years Completed: _____		Course of Study: _____	
Technical Training	Name: _____			
	Address: _____ Not Completed Graduated- Degree Earned: _____			
	Number of Years Completed: _____		Course of Study: _____	
Other	What: _____			
	Name: _____			
	Address: _____ Not Completed Graduated- Degree Earned: _____			
	Number of Years Completed: _____		Course of Study: _____	
REFERENCES	List three (3) references: Include names, telephone numbers, and number of years known (do not include relatives). Professional references are preferred.			
	Reference #1	Name: _____		
		Phone Number: _____	Years Known: _____	Professional or Personal
	Reference #2	Name: _____		
Phone Number: _____		Years Known: _____	Professional or Personal	
Reference #3	Name: _____			
	Phone Number: _____	Years Known: _____	Professional or Personal	



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CERTIFICATION / AUTHORIZATION

I hereby authorize Clay County Public Health Center to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, and to obtain reference information from previous employers and references regarding my work performance. My signature authorizes the Clay County Public Health Center to review my previous employment, driving, and criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also hereby release from liability Clay County Public Health Center and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that I will be required to take tobacco/nicotine, drug and alcohol tests if a job offer is made, but prior to employment. I acknowledge that if I test positive during one or more, or refuse to take, a tobacco/nicotine, drug or alcohol test, Clay County Public Health Center will rescind my job offer and I will no longer be considered for employment.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature

Date