



**Placement will be based on completion of application and interview.**

**Please fill out the following information:**

Applicant's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applying for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Position Desired:  Volunteer  Internship- Unpaid  Internship- Paid, Desired Salary: \_\_\_\_\_

Date you will be available to start: \_\_\_\_\_

Are you licensed to operate a motor vehicle?  Yes  No

Can you travel if required by this position?  Yes  No

Have you pled "guilty" or "no contest" to, or been convicted of a crime within the last seven (7) years?  Yes  No

*(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.)*

\*If yes, please explain:

How were you referred to us? \_\_\_\_\_

In Case of Emergency- Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DATA

**Please provide employment information for your most recent employer:**

<b>Current / Most Recent Employer</b>	Employer: _____ Position Held: _____
	Address: _____ Phone Number: _____
	Immediate Supervisor and Title: _____
	Dates Employed: From _____ To _____
	Job Summary: _____
	Reason for Leaving: _____

EMPLOYMENT HISTORY

**Please provide employment information for your most recent employer:**

<b>Organization</b>	Name: _____
	Address: _____ Dates Volunteered: _____
	Volunteer Tasks: _____
<b>Organization</b>	Name: _____
	Address: _____ Dates Volunteered: _____
	Volunteer Tasks: _____

VOLUNTEER HISTORY



**APPLICATION - INTERNSHIP / VOLUNTEER - VOLUNTEER**  
**Clay County Public Health Center**  
**800 Haines Drive**  
**Liberty, MO 64068**  
**Revised: 5/26/15**

EDUCATION HISTORY	<b>List school name and location, years completed, course of study, and any degrees earned:</b>	
	High School	Name: _____ Address: _____ <input type="radio"/> Not Completed <input type="radio"/> GED <input type="radio"/> Diploma
	College	Name: _____ Address: _____ <input type="radio"/> Not Completed <input type="radio"/> Graduated- Degree Earned: _____ Number of Years Completed: _____ Course of Study: _____
	Graduate Degree	Name: _____ Address: _____ <input type="radio"/> Not Completed <input type="radio"/> Graduated- Degree Earned: _____ Number of Years Completed: _____ Course of Study: _____
	Technical Training	Name: _____ Address: _____ <input type="radio"/> Not Completed <input type="radio"/> Graduated- Degree Earned: _____ Number of Years Completed: _____ Course of Study: _____
AVAILABILITY	Days and Times of the week available:	
	<input type="radio"/> Monday: <input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Tuesday: <input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Wednesday: <input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Thursday: <input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Friday: <input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Saturday: <input style="width: 100px; height: 20px;" type="text"/> <input type="radio"/> Sunday: <input style="width: 100px; height: 20px;" type="text"/>	
REFERENCES	<b>List three (3) references: Include names, telephone numbers, and number of years known (do not include relatives)</b>	
	Reference #1	Name: _____ Phone Number: _____ Years Known: _____
	Reference #2	Name: _____ Phone Number: _____ Years Known: _____
	Reference #3	Name: _____ Phone Number: _____ Years Known: _____
CERTIFICATION / AUTHORIZATION	<p>I understand that the information on the application will be kept confidential and provided only to representatives of the Clay County Public Health Center and its sponsoring agencies for purposes of evaluating this application. I do hereby give Clay County Public Health Center permission to inquire into my background, including references, employment, licensure and/ or volunteer history as part of the application review process. I further give permission to the holder of any such records to release same to the Clay county Public Health Center and its sponsoring agencies.</p>	
	<p>_____ Applicant's Signature</p> <p>_____ Date</p>	