



ADAIR COUNTY HEALTH DEPARTMENT

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

- Please **TYPE** or **PRINT LEGIBLY**.
- Complete entire application. Attach additional sheets if necessary. Resumes not accepted in lieu of completed application. Purpose for requesting social security number is to process personnel actions.

IDENTIFICATION AND PERSONAL DATA

1. LAST NAME	FIRST	MIDDLE	JR/SR/ETC	SS#
2. HOME ADDRESS – STREET		CITY	STATE AND ZIP CODE	
3. TELEPHONE NUMBER – HOME	BUSINESS	ALTERNATE	PRIOR NAMES USED:	
4. Have you worked for an Adair County agency previously? If yes, indicate which agencies, dates, and if you worked under a different name.				<input type="checkbox"/> Yes <input type="checkbox"/> No

RELATIVES WORKING FOR THE ADAIR COUNTY HEALTH DEPARTMENT. Relative is defined as: Spouse, Parents, Children, Grandparents, Grandchildren, Siblings, First Cousins, In-Laws, Aunts, Uncles, Nephews, Nieces (To Include All Blood, Step, and Foster Relationships).

5. NAME	RELATIONSHIP	PLACE OF WORK

6. If applicable to your profession, give association or licensing authority and the certification, registration or license number.			
7. Can you travel if position requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you ever been convicted of, or pled guilty or nolo contendere, or received a suspended imposition of sentence in a criminal prosecution under the laws of any state or the United States (regardless of whether incarceration actually occurred)? <i>(Driving while intoxicated (DWI) charges are not considered minor traffic violations.) If yes, this does not necessarily exclude you from employment consideration, but falsification or omission of this information will disqualify you for employment or result in disciplinary action for current employees, which may include dismissal. If yes, give full explanation and dates and locations (city and state) of all convictions, pleas of guilty or nolo contendere, whether convictions were misdemeanors or felonies; and state if you are on or have been on supervised or unsupervised probation. Use additional pages if necessary.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you ever had a professional license disciplined? If yes, please state when, what type of discipline, and the reason(s) for the discipline.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever been disciplined as a licensed day care, foster home, or residential care facility? If yes, state when, type of discipline, and the reason(s) for the discipline.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever been placed on the Employment Disqualification List? If yes, please state when, what type of discipline, and the reason(s) for the discipline.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you ever been terminated from employment or asked to resign by an employer? If yes, provide company name and details.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION – GIVE YOUR COMPLETE EDUCATIONAL HISTORY BELOW

13. Do you have either a high school diploma or GED?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
14. HIGHER EDUCATION					
NAME AND LOCATION	DATES OF ATTENDANCE	MAJOR AND RELATED SUBJECTS	SEMESTER HOURS IN THOSE SUBJECTS	TOTAL SEMESTER HOURS IN ALL SUBJECTS	DEGREE EARNED

PROFESSIONAL REFERENCES -- OTHER THAN FAMILY MEMBERS OR PREVIOUS SUPERVISORS LISTED IN EMPLOYMENT RECORD SECTION

15. NAME	RELATIONSHIP	PLACE OF WORK AND TELEPHONE NUMBER

RELATIVES WORKING FOR THE DEPARTMENT OF HEALTH AND SENIOR SERVICES. Relative is defined as: Spouse, Parents, Children, Grandparents, Grandchildren, Siblings, First Cousins, In-Laws, Aunts, Uncles, Nephews, Nieces (To Include All Blood, Step, and Foster Relationships).

16. NAME	RELATIONSHIP	PLACE OF WORK

EMPLOYMENT RECORD

Describe in detail all positions that you have held during the last ten (10) years. Start with your present employment or if unemployed your most recent employment and list your employment history from most recent back. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Use continuation page (below) if necessary. Be sure to indicate where this record of your experience may be verified.

17. NAME, ADDRESS, & TELEPHONE NO. OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	HRS WORKED PER WEEK			WAGE PER HOUR				
18. NAME, ADDRESS, & TELEPHONE NO. OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	HRS WORKED PER WEEK			WAGE PER HOUR				
19. NAME, ADDRESS, & TELEPHONE NO. OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	HRS WORKED PER WEEK			WAGE PER HOUR				
20. NAME, ADDRESS, & TELEPHONE NO. OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	HRS WORKED PER WEEK			WAGE PER HOUR				

Please attach continuation sheet if needed.


The Department is unable to sponsor employees in their application for work visas through INS. For questions, please contact the Chief, Office of Human Resources.

THIS APPLICATION IS NOT VALID UNLESS SIGNED. READ VERY CAREFULLY BEFORE SIGNING.

Pursuant to state and federal law, your social security number may be used for the following purposes: (1) To conduct criminal record checks, (2) To verify information provided in your application, (3) For identification purposes in disciplinary databases. If you fail or refuse to provide your social security number, you will not be considered for employment.

The Department of Health and Senior Services (DHSS) conducts background checks on all prospective employees as a condition of employment. Background checks include but may not be limited to: Employment history and references; professional certifications and educational requirements; criminal records maintained by the Missouri Uniform Law Enforcement System and any other criminal databases; and the DHSS Employee Disqualification List. I authorize DHSS to investigate, obtain, and compile said information.

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient ground for rejection of my application and/or removal from employment.

SIGNATURE 	DATE
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