

# APPLICATION FOR EMPLOYMENT

## Local Health Departments of Kentucky

(Excluding Lexington-Fayette, Louisville Metro, and Northern Kentucky which include Boone, Kenton, Campbell and Grant Counties)

Department for Public Health  
Division of Administration & Financial Management  
Local Health Personnel Branch  
Phone number (502) 564-6663

### INFORMATION SHEET

We appreciate your interest in employment with the \_\_\_\_\_ Local Health Department. In order to receive full consideration for employment opportunities an "Application for Employment" must be completed and **returned to the local health department** where employment is being sought for proper consideration.

#### General Instructions for completing the application for employment:

- Type or print this application clearly in dark ink in its entirety.
- Job Announcements may contain special instructions and requirements.
- **Do not substitute a resume' or other application form for this application.**
- Write the exact job title as specified on the job announcement.
- If a closing date for filing is shown in the job announcement, your application and any required information, such as a copy of transcript(s) and any other supporting documentation, must be submitted to the office listed on the job announcement by the date indicated.
- Applications that are received unsigned, incomplete, or after the closing date, shall be eliminated from consideration.
- Change of name or address should be reported in writing to the health department where you applied.
- Applications should be **returned to the local health department** where employment is being sought for proper consideration.

### EEO Survey

Although the following information is not mandatory, it is requested to aid the Department for Public Health and the local health department in their commitment to Equal Employment Opportunity. The information in this section will not be used in making any decision affecting potential employment or any personnel action following employment, should you be employed.

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

Gender:  Male  Female

Ethnicity (Check Only One)

White (Non-Hispanic)  Black (Non-Hispanic)  Hispanic or Latino

Asian or Pacific Islander  Native American  Other \_\_\_\_\_

# LOCAL HEALTH DEPARTMENTS OF KENTUCKY APPLICATION FOR EMPLOYMENT

Agency use only-----
Class # _____
Class # _____
Class # _____
Class # _____

Equal Opportunity Employer. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, religion, or status with regard to public assistance, or disability. Thank you for your interest in employment with us.

Social Security Number 

--	--	--

 - 

--	--

 - 

--	--	--	--

SSN Required for Record Keeping and Data Processing only

Date: \_\_\_\_\_

Name \_\_\_\_\_

Last                                      First                                      Middle                                      (Maiden)

Present Address \_\_\_\_\_

Street                                      City                                      State                                      Zip Code                                      County

Telephone ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

Home or where you can be reached                                      Business

## POSITION (S) APPLIED FOR

Local Health Department	Local Health Department
Title of Position	Title of Position
Counties of Interest	Counties of Interest
Minimum Acceptable Salary	Minimum Acceptable Salary

## PERSONAL INFORMATION

If under 18 years of age please provide proof of eligibility to work.

Yes  No  Have you ever applied for a position with a Kentucky local health department before?  
If yes, when? \_\_\_\_\_

Yes  No  Have you ever been employed with a Kentucky local health department before?

Yes  No  Are you currently employed with a Kentucky local health department?  
If no, when were you last employed with a Kentucky local health department? \_\_\_\_\_  
Which health department? \_\_\_\_\_ Under what name? \_\_\_\_\_

Yes  No  Do you have a relative employed with a Kentucky local health department?  
If yes, who? \_\_\_\_\_  
Which health department? \_\_\_\_\_

Yes  No  May we contact your present employer?

Yes  No  May we contact your previous employer(s)?

Social Security No \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
For identification in case pages become separated

**LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.**

**Criminal Conviction/Traffic Violations: Have you ever been convicted of;**

(1) A misdemeanor? Yes  No  If yes, you must provide the following for **EACH** conviction:

Conviction: \_\_\_\_\_ Date: \_\_\_\_\_ County: \_\_\_\_\_ (Use space below for additional convictions)

(2) A felony? Yes  No  If yes, you must provide the following for **EACH** conviction:

Conviction: \_\_\_\_\_ Date: \_\_\_\_\_ County: \_\_\_\_\_ (Use space below for additional convictions)

(3) A moving traffic violation within the last 5 years? Yes  No  (Use space below to explain)

\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**

You will be asked, if offered employment, to verify that you are a citizen of the United States or provide proof that your immigration status permits you to work.

On what date will you be available for work? \_\_\_\_\_

Full-time  Part-time  Temporary

Yes  No  Do you have a valid drivers' license?

Yes  No  Are you available for travel?

Yes  No  Are you available to work on call (after normal work hours? Saturdays, Sundays)? \*Some positions may require that you be on call on a rotating basis to provide service after normal working hours or on the weekends.

Yes  No  Are you available to work overtime during the week?

Yes  No  Are you available to work overtime on weekends?

**EDUCATION AND TRAINING**

**EDUCATION**

**High School Graduate**  Yes  No **If no**, please indicate highest grade completed \_\_\_\_\_  
Passed High School Equivalency Tests/GED  Yes

**College Graduate**  Yes  No Please indicate the highest level of college completed:

College Freshman  College Sophomore  College Junior  College Senior  
 Associate's Degree  Bachelor's Degree  Master's Degree  Ph D

**Are you currently attending school?**  Yes  No If yes, anticipated graduation or completion date: \_\_\_\_\_

Social Security No \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 For identification in case pages become separated

**College, University or Professional School: List all undergraduate and graduate work.**

Name	Location	Dates of Attendance (Month and Year)		Number of Credits		Degree Rec'd AA.,BS. Etc.	Date	Major	Minor
		From	To	Qtr.	Sem.				

**TRANSCRIPTS MUST BE PROVIDED AT TIME OF APPLICATION FOR THOSE JOB ANNOUNCEMENTS THAT REQUIRE POST-SECONDARY EDUCATION OR WHEN EDUCATION CAN BE SUBSTITUTED FOR EXPERIENCE.**

Business, Correspondence, Trade, Technical, or Vocational School Name and Location	Dates of Attendance (Month and Year)		Total Hours Completed	Hours Required for Certification	Courses/Subjects Taken	Certificates Received
	From	To				

**LICENSES OR CERTIFICATES:**

Please indicate if you have a license, certificate, or other authorization to practice a trade or profession.

**\*A COPY OF LICENSURE VERIFICATION IS REQUIRED FOR POSITIONS, E.G. NURSE, PHYSICAL THERAPIST, ARNP, ETC.**

Name of Trade or Profession Certificate/License:	License Number	Current License Expiration Date	Name and Address of Licensing Agency	Verified *

**KNOWLEDGE / SKILL/ ABILITIES (KSAs)**  
 List KSAs you possess and believe relevant to the position you seek, such as operating a computer, fluency in language, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. The information provided will be used to determine if you meet the minimum requirements of education, training, and experience for the position. List your present or most recent experience first. List each job (including promotions) separately, even if in the same organization. Under "Description of work" describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. Indicate number of employees supervised. **If the number of hours on a job varied or was PRN, use the average number of hours per week.** Part time experience is pro-rated according to the number of hours worked, using 37.5 hours for the workweek.

1. Employer	Address	Phone
<hr/>		
Job Title	Supervisor's Name and Title	No. Supervised by You
<hr/>		
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____ Part Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

2. Employer	Address	Phone
<hr/>		
Job Title	Supervisor's Name and Title	No. Supervised by You
<hr/>		
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____ Part Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

<b>3. Employer</b>	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____	Part Time _____ Hrs/Week _____ # Years _____ # Months _____	
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

<b>4. Employer</b>	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____	Part Time _____ Hrs/Week _____ # Years _____ # Months _____	
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

<b>5. Employer</b>	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____	Part Time _____ Hrs/Week _____ # Years _____ # Months _____	
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

Social Security No \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 For identification in case pages become separated

<b>6. Employer</b>	Address	Phone
<hr/>		
Job Title	Supervisor's Name and Title	No. Supervised by You
<hr/>		
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____ Part Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

<b>7. Employer</b>	Address	Phone
<hr/>		
Job Title	Supervisor's Name and Title	No. Supervised by You
<hr/>		
Date Employed (Mo./Year) _____	Starting Salary: \$ _____	
Date Separated (Mo./Year) _____	Ending Salary: \$ _____	
Full Time _____ Hrs/Week _____ # Years _____ # Months _____ Part Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

**CERTIFICATION:** I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my employment if I am hired. I certify to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete, and made in good faith.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Social Security No \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 For identification in case pages become separated

**EMPLOYMENT HISTORY SUPPLEMENTAL-SKILLS**

For each skill/task you possess **check those that you have experience** in and **write the years or months accumulated** for each and **write the corresponding number(s) associated** from the employment history section of the application. If you have a skill not listed which you consider important, please write it at the bottom section and indicate the number of years of experience you have.

**COMPUTER SKILLS**

- MS Word \_\_\_\_\_
- Outlook \_\_\_\_\_
- Excel \_\_\_\_\_
- PowerPoint \_\_\_\_\_

**MAINFRAME/WORK-STATION SOFTWARE (SPECIFY) \_\_\_\_\_**

**KEYBOARDING SKILLS**

- Correspondence/Forms  
Newsletters/Manuscripts \_\_\_\_\_
- Medical/Scientific/Legal  
Terminology \_\_\_\_\_

**OFFICE EQUIPMENT**

- Photocopy/Fax Machine \_\_\_\_\_

**RECEPTIONIST/FRONT DESK/SCHEDULING**

- Moderate Phone Contact  
(3+ hours/day) \_\_\_\_\_
- Heavy Phone Contact  
(6+ hours/day) \_\_\_\_\_
- Screen/Direct \_\_\_\_\_
- Volume of Traffic  
(\_\_\_\_\_/hour) \_\_\_\_\_

**MAIL**

- Sort/Screen/Distribute \_\_\_\_\_
- Date Stamp/Log \_\_\_\_\_

**FILING**

- Develop Systems \_\_\_\_\_
- Maintain Files/Archive \_\_\_\_\_

**ADDITIONAL SKILLS**

- Take minutes \_\_\_\_\_

**FISCAL OPERATIONS ACCOUNTING/BOOKKEEPING**

- Accounts Receivable and/or  
Payable (system) \_\_\_\_\_
- Financial Systems (“) \_\_\_\_\_
- Deposits \_\_\_\_\_
- Expense Report Preparation \_\_\_\_\_

**BUDGET**

- Collect Data \_\_\_\_\_
- Proposal Preparation \_\_\_\_\_
- Prepare Budget \_\_\_\_\_  
Assist Only \_\_\_\_\_
- Monitor Expenditures \_\_\_\_\_
- Contract/Grant Proposals \_\_\_\_\_

**BILLING AND CASHIERING**

- Medical Coding & Billing \_\_\_\_\_
- Billing/Invoicing \_\_\_\_\_
- Cash Handling \_\_\_\_\_

**ADMINISTRATION PURCHASING/INVENTORY**

- Expenditure Control \_\_\_\_\_
- Vendor Liaison \_\_\_\_\_
- Purchase Orders/Requisitions \_\_\_\_\_

**PAYROLL (For # & System Used) \_\_\_\_\_**

**STAFF PERSONNEL**

- Interpret Policies &  
Procedures \_\_\_\_\_
- Develop P&P \_\_\_\_\_
- Provide Benefits Counseling \_\_\_\_\_

**SUPERVISORY SKILLS**

- No. of Employees: \_\_\_\_\_
- Interview and Select \_\_\_\_\_
- Train \_\_\_\_\_
- Schedule Assignments \_\_\_\_\_
- Review Work \_\_\_\_\_
- Evaluate Performance \_\_\_\_\_
- Take Disciplinary Action \_\_\_\_\_

**SURVEY SKILLS**

- Data Collection \_\_\_\_\_
- Phone Interviews \_\_\_\_\_
- In-Person Interviews \_\_\_\_\_
- Coding \_\_\_\_\_

**SECONDARY LANGUAGES**

- Specific \_\_\_\_\_
- Speak \_\_\_\_\_
- Write \_\_\_\_\_
- Translate \_\_\_\_\_

**ADDITIONAL SKILLS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_