



WILLIAMSON COUNTY & CITIES HEALTH DISTRICT APPLICATION FOR EMPLOYMENT

Date Rec'd:
Time Rec'd:
Rec'd by:

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The Williamson County & Cities Health District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must have an original signature. This application becomes public record and is subject to disclosure.

NAME _____
(Last) (First) (Middle)

Mailing Address (Current) _____ (_____) _____
(Street) (City) (State) (Zip) (Daytime Phone)

EMAIL Address: _____ (_____) _____
(Work Phone – Optional)

List any other names used if different from name given on this application _____

List exact title of position or type of work for which you wish to apply.

Full-Time () Part-Time () Summer () Temp/Project () Date Available for Work _____

Are there any days or hours you would be unable or unwilling to work? Yes () No () If yes, please specify those days or hours that you would be unable or unwilling to work. _____

Are you willing to travel throughout county and occasionally outside county? Yes () No ()

Driver's License (if required for this position) _____ Class _____
(State) (Number)

Are you at least 17 years of age? Yes () No ()

Geographic preference. (Be specific to city/area. If no preference, write "Countywide.")

Have you ever been convicted of a felony? Yes () No () If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes () No ()

Type of School	Name & Location of School	Dates Attended from/to	Semester Hours Completed	Graduated Yes/No	Expected Graduation Date	Type of Diploma/Degree	Field of Study
Undergrad Colleges or Universities							
Graduate Schools							
Technical Vocational or Business Schools							

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (PE,RN,Attorney,CPA,etc.)	Date Issued	Issued by (State/other authority)	License No.	Location of Issuing Authority (city & state)

Special Skills/Qualifications: List all special skills you possess and machines, office equipment, or health clinic equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, audiometer, glucometer, cholesterol screening machine, etc.

Approximate Words per Minute in Typing _____(if required for this position.)

Sign Language (if required for this position) Yes () No () Are you a certified interpreter? Yes () No ()

List any language(s) in which you are fluent other than English: _____

Have you ever been employed by the Williamson County & Cities Health District? Yes () No ()

If you have been previously employed by the Williamson County & Cities Health District, list the position(s) held

Have you ever retired from Texas County Government? Yes () No ()

Do you have any relative(s) working for the Williamson County & Cities Health District? Yes () No () If yes, list the names, relationship, department where employed. _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds of refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S..
3. I understand that the Williamson County & Cities Health District may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I agree that, if I am employed, I will abide by all the rules and regulations of the Williamson County & Cities Health District. I understand that taking of drug and alcohol tests, when given pursuant to Health District policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Health District is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Director of the Health District. I also understand that my employment is "at-will" and may be terminated by myself or by the Health District at any time for any reason or no reason at all, with or without prior notice.

THIS APPLICATION MUST BE SIGNED:

SIGN HERE: _____

Signature-Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use the employment history sheet or attach a typed employment history providing the same information in the same format as the application form.

Position Title: Employer: Mailing Address: City/State/Zip: Employer's Telephone No: AC ()	Immediate Supervisor Name: Title: Telephone No: AC ()	Full-Time () Part-Time () Summer () Temp/Project ()
Starting Date Leaving Date Current/ Mo/Day/Yr Mo/Day/Yr Final Salary	Technical () Non-Managerial () Supervisory/Managerial () If Supervisory, number you supervised _____	Give average number of hours worked per week if part-time: _____
Summary of experience		
Specific reason for leaving		
Position Title: Employer: Mailing Address: City/State/Zip: Employer's Telephone No: AC ()	Immediate Supervisor Name: Title: Telephone No: AC ()	Full-Time () Part-Time () Summer () Temp/Project ()
Starting Date Leaving Date Current/ Mo/Day/Yr Mo/Day/Yr Final Salary	Technical () Non-Managerial () Supervisory/Managerial () If Supervisory, number you supervised _____	Give average number of hours worked per week if part-time: _____
Summary of experience		
Specific reason for leaving		

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Starting Date Leaving Date Current/ Mo/Day/Yr Mo/Day/Yr Final Salary	Technical () Non-Managerial () Supervisory/Managerial () If Supervisory, number you supervised _____	Give average number of hours worked per week if part-time: _____
Summary of experience		
Specific reason for leaving		

EMPLOYMENT HISTORY CONTINUATION SHEET

If you need additional space to adequately describe your employment history, you may use this continued employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____

Last Name	First Name	Middle Name
Position Title: Employer: Mailing Address: City/State/Zip: Employer's Telephone No: AC ()	Immediate Supervisor Name: Title: Telephone No: AC ()	Full-Time () Part-Time () Summer () Temp/Project ()
Starting Date Leaving Date Current/ Mo/Day/Yr Mo/Day/Yr Final Salary	Technical () Non-Managerial () Supervisory/Managerial () If Supervisory, number you supervised _____	Give average number of hours worked per week if part-time: _____
Summary of experience		
Specific reason for leaving		
Position Title: Employer: Mailing Address: City/State/Zip: Employer's Telephone No: AC ()	Immediate Supervisor Name: Title: Telephone No: AC ()	Full-Time () Part-Time () Summer () Temp/Project ()
Starting Date Leaving Date Current/ Mo/Day/Yr Mo/Day/Yr Final Salary	Technical () Non-Managerial () Supervisory/Managerial () If Supervisory, number you supervised _____	Give average number of hours worked per week if part-time: _____
Summary of experience		
Specific reason for leaving		
Position Title: Employer: Mailing Address: City/State/Zip: Employer's Telephone No: AC ()	Immediate Supervisor Name: Title: Telephone No: AC ()	Full-Time () Part-Time () Summer () Temp/Project ()
Starting Date Leaving Date Current/ Mo/Day/Yr Mo/Day/Yr Final Salary	Technical () Non-Managerial () Supervisory/Managerial () If Supervisory, number you supervised _____	Give average number of hours worked per week if part-time: _____
Summary of experience		
Specific reason for leaving		