

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

EDUCATION

	ELEMENTARY	HIGH	COLLEGE OR UNIVERSITY	GRADUATE OR PROFESSIONAL
School Name:				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Work Performed
Address	From	To	
	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

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If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience.

STATEMENT

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, pregnancy, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize the Effingham County Health Department (Department) to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either party. In the event that I am employed, I understand that regardless of the job that I am first assigned, I may be required to accept a change of job depending on my demonstrated skills after employment and the needs of the Department. I understand that I must meet the health requirements established by the Department as a condition of initial and continued employment, which may be determined by a physical examination. I understand, also, that I am required to abide by all rules and regulations of the Department.

Signature of Applicant

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Position Considered: _____

Interviewed By: _____ **Date:** _____

Accepted for employment? Yes No

Comments: _____

