

JEFFERSON COUNTY HEALTH CENTER

PO Box 588; 2000 S Main

Fairfield IA 52556

Application for Employment

(Please print)

Position(s) applied for: _____ Date: _____

Name (First, Middle, Last): _____

Address(Street, City, State Zip): _____

Telephone # (_____) _____ Cell Phone # (_____) _____

Employment type desired? [] Full time [] Part-time [] Occasional [] Temporary Date available: _____

If you are under 18, can you furnish a work permit?..... [] Yes [] No

Have you ever been employed here?..... [] Yes [] No

Are you legally eligible for employment in this country?..... [] Yes [] No

Are you able to meet the attendance requirements of the position?..... [] Yes [] No

Have you been convicted of a crime where the maximum possible punishment exceeded 30 days in jail or a \$500 fine in the last seven (7) years?..... [] Yes [] No

If yes, please explain: _____

(Conviction will not necessarily bar employment. Each instance and explanation will be considered in relation to position for which you are applying.)

Emergency Notification (name & phone number): _____

Employment History

(Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.)

From: _____ To: _____	Employer: _____ Address: _____
Job Title: _____	Telephone # (_____) _____
Supervisor & Title: _____	Summary of your job responsibilities: _____
Reason for Leaving: _____	Hourly Rate/Salary: Start: \$ _____ per _____ Final: \$ _____ per _____

From: _____ To: _____	Employer: _____ Address: _____
Job Title: _____	Telephone # (_____) _____
Supervisor & Title: _____	Summary of your job responsibilities: _____
Reason for Leaving: _____	Hourly Rate/Salary: Start: \$ _____ per _____ Final: \$ _____ per _____

From: _____ To: _____	Employer: _____ Address: _____
Job Title: _____	Telephone # (_____) _____
Supervisor & Title: _____	Summary of your job responsibilities: _____
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(over)

From: To:	Employer: Address:
Job Title:	Telephone # ()
Supervisor & Title:	Summary of your job responsibilities:
Reason for Leaving:	Hourly Rate/Salary: Start: \$ _____ per _____ Final: \$ _____ per _____

Skills/Qualifications (summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying): _____

Educational Background:

NAME/LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School:			
College:		Major: Degree:	
Other:			

References:

NAME	TELEPHONE	YEARS KNOWN

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application; including conviction records, dependent adult abuse & child abuse records, and motor vehicle records (as needed for a specific position). I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without proper notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any reassurances to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

I understand it is the company' policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant signature: _____ Date: _____

(Equal access to programs, services, and employment is available to all persons.)

04/09

An Equal Opportunity Employer