

# NET HEALTH

NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

P.O. BOX 2039 • TYLER, TX 75710

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, DISABILITY OR NATIONAL ORIGIN.

### EMPLOYMENT DESIRED:

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

TYPE OF EMPLOYMENT: FULL-TIME  PART-TIME  SUMMER  TEMPORARY

ARE YOU EMPLOYED NOW? YES  NO  IF SO, CAN WE CONTACT YOUR PRESENT EMPLOYER? YES  NO

HAVE YOU EVER APPLIED TO THE NORTHEAST TEXAS PUBLIC HEALTH DISTRICT BEFORE? YES  NO

WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

### PERSONAL INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

### EDUCATION:

HIGH SCHOOL ATTENDED AND LOCATION: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Did you Graduate? YES  NO

COLLEGE ATTENDED AND LOCATION: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Did you Graduate? YES  NO  Degree: \_\_\_\_\_

TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL ATTENDED: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Did you Graduate? YES  NO

### GENERAL:

SPECIAL COURSES OR TRAINING: \_\_\_\_\_

EXPERIENCE/SKILLS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

### OFFICE/SECRETARIAL APPLICATIONS:

TYPING: YES  NO  YEARS OF EXPERIENCE: \_\_\_\_\_ WORDS PER MINUTE: \_\_\_\_\_

SHORTHAND: YES  NO  YEARS OF EXPERIENCE: \_\_\_\_\_ WORDS PER MINUTE: \_\_\_\_\_

WORD PROCESSING: YES  NO  YEARS OF EXPERIENCE: \_\_\_\_\_ WORDS PER MINUTE: \_\_\_\_\_

SOFTWARE: \_\_\_\_\_

LIST SECRETARIAL TRAINING COURSES OR ANY OTHER INFORMATION WHICH MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION: \_\_\_\_\_

**EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITION FIRST):**

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**APPLICANT: PLEASE READ CAREFULLY AND SIGN**

I affirm that the information provided is true and complete and that I have not withheld any fact(s). Any misrepresentation, falsification, omission or derogatory information that is discovered may prevent my being hired, or if hired, may subject me to disciplinary action, up to and including immediate employment dismissal.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law.

I understand that this is an application for employment and that no employment contract is being offered. I also understand that, if offered employment, I will be an at-will employee which means that employment can be terminated at any time for any reason, with or without notice, at the option of either the company or myself, and that no representative of the company has any authority to make any representation to the contrary.

I have read, understand and agree to the above.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_