



Public Health
Prevent. Promote. Protect.

SCHUYLER COUNTY HEALTH DEPARTMENT
Confidential Employment Application
(PLEASE TYPE OR PRINT)

PLEASE ATTACH RESUME IF AVAILABLE

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Home Phone	Cell Phone		Social Security Number		
Email Address					

If less than 18 years of age, can you provide required proof of your eligibility to work? Yes No
 Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No
 Are you currently employed? Yes No
 May we contact your present employer? Yes No
 Are you a U.S. Citizen, or can you establish that you are an authorized worker? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

On what date would you be available for work? _____
 Can you travel if the job requires it? Yes No

Education

	Name and Address	Course Of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional/Other				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer (Start with most recent)	Dates (Mo/Yr)	Job Title	Hourly Pay Rate	Reason for Leaving
1. Name:				
Address:				
2. Name:				
Address:				
3. Name:				
Address:				
4. Name:				
Address:				
5. Name:				
Address:				

Additional Information

Other Qualifications/Skills

Summarize special job-related skills/qualifications acquired from employment/other work experience.

- Fax PC/Laptop MS Office I-Care Electronic Health Records (EMR/HER)
 Cornerstone Insurance Billing/Coding Other _____

State any additional information you feel may be helpful to us in considering your application.

Professional References

1. _____
Name and Job Title Business

Address Contact Number

2. _____
Name and Job Title Business

Address Contact Number

3. _____
Name and Job Title Business

Address Contact Number

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 shall be grounds for dismissal. I authorize investigation of all statements contained herein and 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 may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date _____

Signature _____