



ASHTABULA COUNTY HEALTH DEPARTMENT APPLICATION
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Are You Interested in:		Employer Use Only Do Not Write In This Area		
		Yes	No	Accepted _____ Not Accepted _____ Late Filling _____
Full Time Work?		Department _____		
Part Time Work?		Supervisor _____		
Temporary Work?		Start Date _____ Rate of Pay _____		
Summer Work?		Job Title _____		

If your position requires a background check the fee will be paid by the Ashtabula County Health Department.

POSITION APPLYING FOR: _____

Name: _____
Last _____ First _____ Middle _____

Address: _____
Number _____ Street _____ City _____ State _____ Zip _____

Email Address: _____

Home Phone () _____ Business Phone () _____

EDUCATION: Do you have a High School Diploma or G.E.D. certification? YES NO

Date of Graduation _____

If NO, Circle highest grade completed.

1 2 3 4 5 6 7 8 9 10 11 12

List below all course work, special training or seminars that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned.

NAME AND ADDRESS OF SCHOOL, VOCATIONAL SCHOOL COLLEGE	TITLE OF COURSES TAKEN OR MAJOR	DID YOU GRADUATE?	CERTIFICATION, DEGREE, ETC. (IF YOU ATTENDED UNDER ANOTHER NAME, PLEASE INDICATE)

Professional Licenses or Certification or Other credential, If Required for this Position	Description	Number	By Whom Issued	Expiration Date	Verified By:
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Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

EDUCATION CONTINUES:

Bilingual: Spanish Chinese French Other Please describe _____

Computer Knowledge, Hardware and Software Programs

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE:

In the area below, please type or print legible past work experience beginning with the most recent employment. If the title and duties changes materially in the course of your service in any organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Verifiable voluntary work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's Name and Address _____

Length of Employment From: mo. _____ yr. _____ To: mo. _____ yr. _____

Reason for Leaving: _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

NEXT MOST RECENT JOB:

Employer's Name and Address _____

Length of Employment From: mo. _____ yr. _____ To: mo. _____ yr. _____

Reason for Leaving: _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

_____**NEXT MOST RECENT JOB:**

Employer's Name and Address _____

Length of Employment From: mo. _____ yr. _____ To: mo. _____ yr. _____

Reason for Leaving: _____

Position Title: _____ Salary: beginning _____ ending _____

Duties Performed: _____

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

____ Yes ____ No

Do you claim veterans' services preference? If YES, attach a copy of your DD214 Form to this application. IF you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

____ Yes ____ No

AFFIRMATIVE ACTION QUESTIONNAIRE

Verified by: _____

Social Security No.: _____ Birth Date: _____

Ashtabula County Health Department is asking all applicants to comply with United States Government Equal Employment Opportunity Requirements. Data collected will be used for statistical purposes only. This information which you provide voluntarily will be detached from your application and will be kept separate and confidential. Please answer all questions by placing an "X" in the appropriate blank.

B. Do you have a disability: Yes No

If Yes, please explain

C. Ethnic Origin - Please check only one.

1. Non-Hispanic, White
2. Black
3. Hispanic
4. Asian/Pacific Islander
5. American Indian/Alaskan Native

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this position? (Check one or more)

1. Health Department Employee
2. Other County Employee
3. County Job Board
4. Newspaper or Publication
5. Community Organization
6. Website
7. Other

Name of Newspaper or Publication: _____

Name of Community Org _____

Name of Website: _____

Name of Other: _____

REFERENCES:

Please list the names and addresses of three individuals, other than relative, whom we may contact for a professional reference.

Name	Address	City	State	Zip	Phone
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MISCELLANEOUS:

The following information will be used if it is directly related to the position for which you are applying:

	Yes	No
1. Do you have an Ohio Driver's License?	—	—
License # _____ Class _____ Expiration Date: _____		
Answer only if you answered "NO" to question #1		
Are you willing and able to secure an Ohio Driver's License? _____		
3. If necessary, can you supply your own transportation for volunteer work use?	—	—
4. Have you ever been employed by the State of Ohio or any County of Ohio?	—	—
5. Can you perform the job related requirements of the specific job for which you are applying?	—	—

If you answered "YES" to questions 4 and or "NO" to question 5, please explain fully below, indicating by number to which you are responding.

CERTIFICATE OF APPLICANT
(Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Ashtabula County Health Department. I further agree to submit for a background check under the direction of the Ashtabula County Health Department, and to furnish such proof of age and citizenship as may be directed.

ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER.

Signature: _____ Date: _____

Printed Name: _____

12/2024

Please send your completed application to: Ashtabula County Health Department
 Administrator/Allie Maraffi
 12 W Jefferson Street
 Jefferson, Ohio 44047
 amaraffi@ashtabulacountyhealth.com