

**APPLICATION FOR EMPLOYMENT  
Local Health Departments of Kentucky**

(Excluding Lexington-Fayette, Louisville Metro, and Northern Kentucky which include Boone, Kenton, Campbell and Grant Counties)

**INFORMATION SHEET**

We appreciate your interest in employment with the \_\_\_\_\_ local health department. So that you will receive full consideration for employment opportunities an **“Application for Employment” must be completed.**

**General Instructions for completing the application for employment**

- See that your application is complete and correct before you sign it.
- Type or print this application clearly in dark ink in its entirety.
- Read the job announcement carefully before you apply. Job Announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements.
- Do not substitute a resume' or other application form for this application. Résumé's may be attached only for additional information and clarification.
- Write the exact job title as specified on the job announcement.
- Your application will be accepted only if it clearly shows you meet the minimum requirement of education and experience. The information you give will be subject to review and verification at any time.
- If a last day and time for filing is shown in the job announcement, your application and any required information, such as transcript, license, certification, you need to submit must be in the office listed on the job announcement by the date indicated.
- Late applications will be rejected.
- Incomplete applications cannot be accepted. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration.
- Applications should be returned to the local Health Department where employment is being sought for proper consideration.
- Change of name or address should be reported in writing immediately to the department where you applied and the Local Personnel Branch at the following address:

**Department for Public Health  
Division of Local Health Department Operations  
Local Health Personnel Section  
Wedco District Health Department  
P O Box 218  
Cynthiana, KY 41031**

**Include your social security number, former name and address, as well as your new name and address and the title of the position for which you are applying**

# LOCAL HEALTH DEPARTMENTS OF KENTUCKY APPLICATION FOR EMPLOYMENT

Agency use only-----
Class # _____
Class # _____
Class # _____
Class # _____

**Equal Opportunity Employer. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, religion, or status with regard to public assistance, or disability. Thank you for your interest in employment with us.**

Social Security Number 

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 SSN Required for Record Keeping and Data Processing only

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle
(Maiden)

Present Address \_\_\_\_\_  
Street
City
State
Zip Code
County

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home or where you can be reached
Business

## POSITION (S) APPLIED FOR

_____	_____
Local Health Department	Local Health Department
_____	_____
Title of Position	Title of Position
_____	_____
Counties of Interest	Counties of Interest
_____	_____
Minimum Acceptable Salary	Minimum Acceptable Salary

## PERSONAL INFORMATION

If under 18 years of age please provide proof of eligibility to work.

Yes  No  Have you ever applied for a position with a Kentucky local health department before?  
 If yes, when? \_\_\_\_\_

Yes  No  Have you ever been employed with a Kentucky local health department before?  
 If yes, when? \_\_\_\_\_ Under what name? \_\_\_\_\_  
 Which health department? \_\_\_\_\_

Yes  No  Do you have a relative employed with a Kentucky local health department?  
 If yes, who? \_\_\_\_\_  
 Which health department? \_\_\_\_\_

Yes  No  May we contact your present employer?

Yes  No  May we contact your previous employer(s)?

Social Security No \_\_\_\_\_  
For identification in case pages become separated

**Criminal Conviction/Traffic Violations: Have you ever been convicted of;**

Yes  No  (1) a misdemeanor, gross misdemeanor, or felony?

Yes  No  (2) A moving traffic violation within the last five (5) years?

If yes, identify the crime for which you were convicted, the date of the conviction and the location of the county in which you were convicted. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction or adjudication of guilt of a misdemeanor will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of qualifications.

**LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**

You will be asked, if offered employment, to verify that you are a citizen of the United States or provide proof that your immigration status permits you to work.

\_\_\_\_\_

On what date will you be available for work? \_\_\_\_\_

Full-time  Part-time  Temporary

Yes  No  If required, are you available for travel?

Yes  No  If required, are you available to work on call (after normal work hours? Saturdays, Sundays)? \*Some positions may require that you be on call on a rotating basis to provide service after normal working hours or on the weekends.

Yes  No  If required, are you available to work overtime during the week?

Yes  No  If required, are you available to work overtime on weekends?

**EDUCATION AND TRAINING**

**EDUCATION**

**High School Graduate**  Yes  No If no highest grade completed \_\_\_\_\_  
Passed High School Equivalency Tests/GED  Yes

**College Graduate**  Yes  No If no, indicate the level of college completed:

College Freshman  College Sophomore  College Junior  College Senior  
 Associate's Degree  Bachelor's Degree  Master's Degree  Ph D

**Are you currently attending school?**  Yes  No If yes, anticipated graduation or completion date: \_\_\_\_\_

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**College, University or Professional School: List all undergraduate and graduate work.**

Name	Location	Dates of Attendance (Month and Year)		Number of Credits		Degree Rec'd AA.,BS. Etc.	Date	Major	Minor
		From	To	Qtr.	Sem.				

**TRANSCRIPTS MUST BE PROVIDED AT TIME OF APPLICATION FOR THOSE JOB ANNOUNCEMENTS THAT REQUIRE POST-SECONDARY EDUCATION OR WHEN EDUCATION CAN BE SUBSTITUTED FOR EXPERIENCE.**

Business, Correspondence, Trade, Technical, or Vocational School Name and Location	Dates of Attendance (Month and Year)		Total Hours Completed	Hours Required for Certification	Courses/Subjects Taken	Certificates Received
	From	To				

**KNOWLEDGE / SKILL/ ABILITIES (KSAs)**  
 List KSAs you possess and believe relevant to the position you seek, such as operating a computer, fluency in language, etc.

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**LICENSES OR CERTIFICATES:**  
 Please indicate if you have a license, certificate, or other authorization to practice a trade or profession.  
**Teachers must provide a copy of certification. (Temporary, Provisional, Regular, etc.)**

**\*A COPY OF LICENSURE VERIFICATION IS REQUIRED FOR POSITIONS, E.G. NURSE, PHYSICAL THERAPIST, ARNP, ETC.**

Name of Trade or Profession Certificate/License:	License Number	Current License Expiration Date	Name and Address of Licensing Agency	Verified *

Social Security No \_\_\_\_\_  
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**EMPLOYMENT HISTORY**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. **Use a separate block to describe each position or gap in employment.** If needed attach additional sheets, using the same format as on the application. The information provided will be used to determine if you meet the minimum requirements of education, training, and experience for the position. List your present or most recent experience first. List each job (including promotions) separately, even if in the same organization. Under "Description of work" describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. Indicate number of employees supervised. **If the number of hours on a job varied or was PRN, use the average number of hours per week.** Part time experience is pro-rated according to the number of hours worked, using 37.5 hours for the workweek.

<b>1. Employer</b>	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____		
Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____		
Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months		
Description of Work: _____		
_____		
_____		
Reason for Leaving/Wanting to Leave: _____		
<b>2. Employer</b>	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____		
Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____		
Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months		
Description of Work: _____		
_____		
_____		
Reason for Leaving/Wanting to Leave: _____		

Social Security No \_\_\_\_\_  
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<b>3. Employer</b>	<b>Address</b>	<b>Phone</b>
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____		
Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____		
Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months		
Description of Work: _____		
_____		
_____		
Reason for Leaving/Wanting to Leave: _____		

<b>4. Employer</b>	<b>Address</b>	<b>Phone</b>
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____		
Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____		
Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months		
Description of Work: _____		
_____		
_____		
Reason for Leaving/Wanting to Leave: _____		

<b>5. Employer</b>	<b>Address</b>	<b>Phone</b>
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____		
Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____		
Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months		
Description of Work: _____		
_____		
_____		
Reason for Leaving/Wanting to Leave: _____		

Social Security No _____ For identification in case pages become separated
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6. Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____ Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____ Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months Description of Work: _____ _____ _____ _____ _____ Reason for Leaving/Wanting to Leave: _____		

7. Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo./Year) _____ Starting Salary: \$ _____ Per _____ Date Separated (Mo./Year) _____ Ending Salary: \$ _____ Per _____ Full Time _____ Hrs/Week _____ # Years _____ # Months      Part Time _____ Hrs/Week _____ # Years _____ # Months Description of Work: _____ _____ _____ _____ _____ Reason for Leaving/Wanting to Leave: _____		

**CERTIFICATION:** I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my employment if I am hired. I certify to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete, and made in good faith.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### EEO Survey

Although the following information is not mandatory, it is requested to aid the Department for Public Health and the local health department for which you are seeking employment in their commitment to Equal Employment Opportunity. The information in this section will not be used in making any decision affecting potential employment or any personnel action following employment, should you be employed.

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity (Check Only One)

- White (Non-Hispanic)     Black (Non-Hispanic)     Hispanic or Latino  
 Asian or Pacific Islander     Native American     Other \_\_\_\_\_

Name _____ Social Security No _____ For identification in case pages become separated
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**EMPLOYMENT HISTORY SUPPLEMENTAL-SKILLS**

For each skill/task you possess check those that you have experience in and write the years or months accumulated for each skill/task that you possess and write the corresponding number(s) associated from the employment history section of the application from which you obtained the skill. Leave space blank if you do not possess that skill or are unwilling to perform it. If you have a skill not listed which you consider important, please write it at the bottom section and indicate the number of years of experience you have.

**COMPUTER SKILLS/ WORD PROCESSING**

- Windows 2000+ \_\_\_\_\_
- Word Perfect \_\_\_\_\_
- MS Word \_\_\_\_\_
- Outlook \_\_\_\_\_

**SPREADSHEETS/ DATABASE/PUBLISHING**

- Excel \_\_\_\_\_
- Lotus 1-2-3 \_\_\_\_\_
- Access Version \_\_\_\_\_
- Publisher \_\_\_\_\_
- PowerPoint \_\_\_\_\_

**MAINFRAME/WORK-STATION SOFTWARE (SPECIFY) \_\_\_\_\_**

**KEYBOARDING SKILLS**

- Typing (\_\_\_\_ wpm) \_\_\_\_\_
- Correspondence/Forms Newsletters/Manuscripts \_\_\_\_\_
- Tables/Charts/Graphs/ Statistical Data \_\_\_\_\_
- Medical/Scientific/Legal Terminology \_\_\_\_\_
- Foreign Language Typing \_\_\_\_\_

**OFFICE EQUIPMENT**

- Photocopy/Fax Machine \_\_\_\_\_
- Audio/Visual Equipment \_\_\_\_\_

**FRONT DESK/COUNTER SCHEDULING**

- Screen/Direct \_\_\_\_\_
- Volume of Traffic (\_\_\_\_\_/hour) \_\_\_\_\_
- Appointment Calendar (System used) \_\_\_\_\_
- Meetings/Conferences \_\_\_\_\_
- Travel Arrangements \_\_\_\_\_

**RECEPTIONIST SKILLS/ TELEPHONE**

- Console \_\_\_\_\_
- Moderate Phone Contact (3+ hours/day) \_\_\_\_\_
- Heavy Phone Contact (6+ hours/day) \_\_\_\_\_

**MAIL**

- Sort/Screen/Distribute \_\_\_\_\_
- Date Stamp/Log \_\_\_\_\_

**FILING**

- Develop Systems \_\_\_\_\_
- Maintain Files/Archive \_\_\_\_\_

**ADDITIONAL SKILLS**

- Take minutes \_\_\_\_\_
- Draft Correspondence \_\_\_\_\_
- Document Assembly and Preparation Proofread/ Edit/Layout \_\_\_\_\_

**FISCAL OPERATIONS ACCOUNTING/ BOOKKEEPING**

- Accounts Payable (System) \_\_\_\_\_
- Accounts Receivable (“) \_\_\_\_\_
- Financial Systems (“) \_\_\_\_\_
- Posting/Recharges (“) \_\_\_\_\_
- General Ledger Reconciliation \_\_\_\_\_
- Deposits \_\_\_\_\_
- Transfer of Funds \_\_\_\_\_
- Expense Report Preparation \_\_\_\_\_

**PAYROLL (For # & System Used) \_\_\_\_\_**

**BUDGET**

- Collect Data \_\_\_\_\_
- Proposal Preparation \_\_\_\_\_
- Prepare Budget \_\_\_\_\_
- Assist Only \_\_\_\_\_
- Monitor Expenditures \_\_\_\_\_
- Contract/Grant Proposals \_\_\_\_\_

**BILLING AND CASHIERING**

- Billing/Invoicing \_\_\_\_\_
- Collections \_\_\_\_\_
- Cash Handling \_\_\_\_\_

Name _____ Social Security No _____ For identification in case pages become separated
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**ADMINISTRATION  
PURCHASING/INVENTORY**

- Expenditure Control \_\_\_\_\_
- Vendor Liaison \_\_\_\_\_
- Purchase Orders/Requisitions \_\_\_\_\_

**STAFF PERSONNEL**

- Interpret Policies & Procedures \_\_\_\_\_  
Develop P&P \_\_\_\_\_
- Provide Benefits Counseling \_\_\_\_\_

**SUPERVISORY SKILLS**

- No. of Employees: \_\_\_\_\_
- Interview and Select \_\_\_\_\_
- Train \_\_\_\_\_
- Schedule Assignments \_\_\_\_\_
- Review Work \_\_\_\_\_
- Evaluate Performance \_\_\_\_\_
- Take Disciplinary Action \_\_\_\_\_

**SURVEY SKILLS**

- Data Collection \_\_\_\_\_
- Phone Interviews \_\_\_\_\_
- In-Person Interviews \_\_\_\_\_
- Coding \_\_\_\_\_

**SECONDARY LANGUAGES**

- Specific \_\_\_\_\_
- Speak \_\_\_\_\_
- Write \_\_\_\_\_
- Translate \_\_\_\_\_