

Previous Employment

Company: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ Years Worked _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ Years Worked _____

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Company: _____ Phone: _____

Address: _____

Supervisor: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ Years Worked _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information given may result in my release.

Signature _____ Date _____

****Attach resume and any other relevant materials and mail or drop off to Schuyler Co Health Department****

The Schuyler Co Health Department is an equal opportunity employer and considers application for all positions without regard to race, religion, gender, national origin, age, ancestry, sexual orientation, marital or veteran status, disability or any other legally protected status.

**Schuyler County Health Department
213 S. Green Street Lancaster, MO 63548
(P) 660-457-3721 (F) 660-457-2238
EMPLOYMENT APPLICATION**

Applicant Information:

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Social Security #: _____

Address: _____
Street City State ZIP

Phone: _____ Email: _____

Position Applying For: _____

Date Available: _____ Desired Salary: _____

Are You a US Citizen: YES ___ NO ___ If no, are you authorized to work in the US? YES ___ NO ___

Have you ever worked for this company? YES ___ NO ___ If so, when? _____

Have you ever been convicted of a felony? YES ___ NO ___ If yes, explain: _____

Education:

High School: _____ Years attended: _____

Did you Graduate? YES ___ NO ___ GED _____

College: _____ Years attended: _____

Did you Graduate? YES ___ NO ___ DEGREE _____

College/Other: _____ Years attended: _____

Did you Graduate? YES ___ NO ___ DEGREE _____

OTHER: _____

References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____