

Application For Employment

HEALTH DEPARTMENT
Cherokee County, Texas
1209 North Main Street
Rusk, Texas 75785
Telephone: (903) 683-4688
Fax: (903) 683-4899



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
1 Advertisement	1 Friend	1 Walk-In
1 Employment Agency	1 Relative	1 Other _____

Last Name	First Name	Middle Name

Address	Number	Street	City	State	Zip Code

Telephone Number(s)	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? 1 Yes 1 No

Have you ever filed an application with us before? 1 Yes 1 No
If Yes, give date _____

Have you ever been employed with us before? 1 Yes 1 No
If Yes, give date _____

Are you currently employed? 1 Yes 1 No

May we contact your present employer? 1 Yes 1 No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? 1 Yes 1 No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: 1 Full Time 1 Part Time 1 Shift Work 1 Temporary

Are you currently on "lay-off" status and subject to recall? 1 Yes 1 No

Can you travel if a job requires it? 1 Yes 1 No

Have you been convicted of a felony within the last 7 years? 1 Yes 1 No
Conviction will not necessarily disqualify and applicant for employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

Health Department
 Cherokee County, Texas
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	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and /or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

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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, or gender, national origin, disabilities or other protected status.

1.	Employer		Dates	Employed	Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/	Salary	
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					
2.	Employer		Dates	Employed	Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/	Salary	
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					
3.	Employer		Dates	Employed	Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/	Salary	
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					
4.	Employer		Dates	Employed	Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/	Salary	
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

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Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

		Other Software Applications	Other (list)
___ PC	___ Microsoft Word	(list):	
___ Calculator	___ Microsoft Xcel	_____	_____
___ Typewriter	___ Microsoft Access	_____	_____
___ Fax	___ Microsoft Powerpoint	_____	_____
___ Adobe	___ Microsoft Publisher	_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a a job or occupations is attached.

___ YES ___ NO

References

1.	_____ ()		Phone #
	(Name)		
	_____ (Address)		
2.	_____ ()		Phone#
	(Name)		
	_____ (Address)		
3.	_____ ()		Phone#
	(Name)		
	_____ (Address)		

Applicant's Statement

Health Department
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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organizations is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Submission Instructions:

**Applications For Employment maybe personally delivered, mailed or faxed to the following location:
Applications must be signed and dated to be considered.**

**Cherokee County Health Department
ATTN: EMPLOYMENT
1209 North Main
Rusk, Texas 75785**

Fax Number: (903) 683-4899

Note: Only applications for current open positions will be considered.