

**CLARKE COUNTY PUBLIC HEALTH  
EMPLOYMENT APPLICATION**

Let us know if you do not understand an item or need help in completing this form.

**The position I am applying for is:** \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address Street City State ZIP Code

\_\_\_\_\_  
Telephone Social Security Number

List additional names you have used: \_\_\_\_\_

Please list an additional phone number where we can leave a message:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number \_\_\_\_\_

How did you learn about the employment opportunity?

☐ Newspaper ☐ Job Service ☐ Employment Agency ☐ Friend ☐ Other  
☐ Walk-in ☐ Website ☐ Education Institution ☐ County Employee

**Please be sure to answer all items completely and accurately.**

Type of work you would accept: ☐ Full time ☐ Part time ☐ Summer ☐ Temporary

Shift preferred: ☐ Day ☐ Evening ☐ Night

What date would you be available for work? \_\_\_\_\_

Have you ever filed an application with us before? ☐ No ☐ Yes Month/Year \_\_\_\_\_

Have you ever been employed with us before? ☐ No ☐ Yes

If yes, in what capacity? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving? \_\_\_\_\_

What is the minimum salary that you would accept? \_\_\_\_\_

Do you have any relatives, including in-laws, currently employed by the County? ☐ No ☐ Yes

If yes, state the name, relationship and department in which they are employed.  
\_\_\_\_\_

Are you legally eligible to be employed in the U.S.? ☐ No ☐ Yes (Proof of identity and eligibility will be required upon employment)

Are you a veteran of the U.S. Armed Forces? ☐ No ☐ Yes

Dates of military service: \_\_\_\_\_ Branch \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic violation)? ☐ No ☐ Yes

If so, please indicate the nature of the offense, date, state and disposition.  
\_\_\_\_\_

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

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

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List equipment and computer software you can operate.

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## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. 

Name	Address	Phone
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2. 

Name	Address	Phone
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3. 

Name	Address	Phone
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## Employment Experience (Start with your present or last job)

List your last 10 years of employment. You may add another sheet if necessary.

<b>1.</b>	Employer	Dates Employed From / To	Work performed
	Address		
	Telephone Number	Hourly Rate/Salary Starting / Final	
	Job Title		
	Supervisor		Reason for leaving

May we contact the employer listed above? ☐ Yes ☐ No

<b>2.</b>	Employer	Dates Employed From / To	Work performed
	Address		
	Telephone Number	Hourly Rate/Salary Starting / Final	
	Job Title		
	Supervisor		Reason for leaving

May we contact the employer listed above? ☐ Yes ☐ No

<b>3.</b>	Employer	Dates Employed From / To	Work performed
	Address		
	Telephone Number	Hourly Rate/Salary Starting / Final	
	Job Title		
	Supervisor		Reason for leaving

May we contact the employer listed above? ☐ Yes ☐ No

<b>4.</b>	Employer	Dates Employed From / To	Work performed
	Address		
	Telephone Number	Hourly Rate/Salary Starting / Final	
	Job Title		
	Supervisor		Reason for leaving

May we contact the employer listed above? ☐ Yes ☐ No

If you indicated that any employer listed should not be contacted please list the reason here.

## Applicant's Statement

I certify that 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.

In the event of employment, I understand that false or misleading information given in my application or interview (s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary at County cost. I understand that I am required to abide by all rules and regulations of the employer.

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*Signature of Applicant*

*Date*

It is the policy of Clarke County to provide equal treatment to all County employees and applicants for County employment without regard to race, color, religion, political affiliation, creed, sex, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualification may required otherwise. This policy applies to all actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.



**Public Health**  
Prevent. Promote. Protect.

**Clarke County Public Health**

134 West Jefferson

Osceola, IA 50213

Phone: 641-342-3724

Fax: 641-342-2603

Email: clarkeph@mediacombb.net

**AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME \_\_\_\_\_

SSN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize Clarke County Public Health to conduct a driver's license check, investigate my past employment history, conduct a criminal background investigation and obtain any other information as may be necessary in determining my suitability for employment with Clarke County Public Health.

I fully understand the information provided may be of a sensitive, confidential and privileged nature and may reflect negatively upon me. Any questions pertaining to the release of information should be directed to Clarke County Public Health at 641-342-3724.

I acknowledge that this information is necessary. I hereby release any providers of information from any and all liabilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date