



Application Information

Only *solicited* applications will be accepted. Please read the following information before completing the application.

1. There is no guarantee of a job offer or job interview by completing our employment application. Your application will be considered with others who have submitted applications for the same job opportunity, and decisions about interviews will be based on this comparison.
2. Our application form must be completely filled out in order for it to be considered for employment. Responding with “see resume” is not acceptable.
3. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered incomplete.
4. We do not accept or maintain on file *unsolicited* applications. Applications are filed according to specific job opportunities.
5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. By completing our employment application, you may be subject to the following checks:
 - Employment reference checks from previous employer and from current employer should a job offer be made.
 - Criminal record check.
 - Drug screen and/or pre-placement physical examination.
 - Abstract driving record.
 - Personal references.
 - Educational degrees.
 - Professional license verification, if applicable.

Applications may be returned by one of the following:

- Deliver to the Human Resources at the Erie County Health Department; 420 Superior Street; Sandusky, Ohio 44870
- Fax to (419) 626-8778 to the attention of the Human Resources Office
- Scan application and email to Kbango@ecghd.org.

We welcome inquiries from the public at (419) 626-5623, Ext. 194 during normal working hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. or email Kbango@ecghd.org. The Human Resources Office will verify current job postings, salary, the department for which the position is posted, and the date the posting closes.

Thank you for your interest in employment with the Erie County General Health District.



Application for Employment

Return To: Human Resources Office
Erie County Health Department
420 Superior Street
Sandusky, Ohio 44870

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Office. Erie County Health Department considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For:	Job Posting Number:	Date of Application:
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How did you learn about us?

<input type="checkbox"/> Walk In	<input type="checkbox"/> Relative	<input type="checkbox"/> Ohio Job Store	<input type="checkbox"/> Erie County Health Department website
<input type="checkbox"/> School	<input type="checkbox"/> Employee	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Newspaper _____ (Please specify newspaper)	<input type="checkbox"/> Other _____ (Please specify)		

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Number, Street, Apt.) (City, State, Zip Code)

Social Security Number _____ - _____ - _____ Telephone Number _____
(Area Code) (Phone Number)

Mobile/Other _____ Email _____
(Area Code) (Phone Number)

Best time to contact you at home is _____ a.m. p.m. Do you have a valid Ohio driver's license? Yes No
Ohio driver's license number _____

Have you ever submitted an application to Erie County Health Department? Yes No
If yes, when? _____ Have you ever been employed by Erie County Health Department? Yes No
If yes, when? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you able to meet all of the attendance requirements of this position? Yes No
Do any of your friends or relatives other than spouse currently work at Erie County Health Dept.? Yes No
If yes, who? _____

If applying for a RN, LPN, or RS, please list your State of Ohio Professional license number _____

Are you able to work overtime, if necessary? Yes No
Will you travel if the position requires it? Yes No

Military Service or Veteran Status? Yes No If yes, please provide branch of service, rank, and job duties: _____

Have you ever been convicted of a crime? Yes No If yes, please provide details: _____
(Answering "yes" does not automatically bar employment. Please use additional sheet if necessary.)

What is your desired salary range or rate of pay? \$ _____ per _____

Type of employment desired: Full Time (40 hours) Part Time Educational Co-Op/Internship

EMPLOYMENT HISTORY

Provide your work experience starting with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

From _____ To _____ Current/Final
(month & year) (month & year) Rate of Pay _____ per _____ May we
contact? Yes No

Employer/Organization _____

Address _____
(Number, Street, Apt.) (City, State, & Zip Code)

Telephone _____ Supervisor _____ Job Title _____
(area code & phone number)

Job Duties/Responsibilities _____

Reason for leaving _____

From _____ To _____ Current/Final
(month & year) (month & year) Rate of Pay _____ per _____ May we
contact? Yes No

Employer/Organization _____

Address _____
(Number, Street, Apt.) (City, State, & Zip Code)

Telephone _____ Supervisor _____ Job Title _____
(area code & phone number)

Job Duties/Responsibilities _____

Reason for leaving _____

From _____ To _____ Current/Final
(month & year) (month & year) Rate of Pay _____ per _____ May we
contact? Yes No

Employer/Organization _____

Address _____
(Number, Street, Apt.) (City, State, & Zip Code)

Telephone _____ Supervisor _____ Job Title _____
(area code & phone number)

Job Duties/Responsibilities _____

Reason for leaving _____

From _____ To _____ Current/Final
(month & year) (month & year) Rate of Pay _____ per _____ May we
contact? Yes No

Employer/Organization _____

Address _____
(Number, Street, Apt.) (City, State, & Zip Code)

Telephone _____ Supervisor _____ Job Title _____
(area code & phone number)

Job Duties/Responsibilities _____

Reason for leaving _____

Please explain any gaps in employment:

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain:

EDUCATION	School <small>(Please include name of school, street address, city, state & zip code)</small>	Course of Study	Years Completed	Diploma/Degree Obtained
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

RELATED INFORMATION To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

Please explain why you would like to be considered for employment with Erie County Health Department. Use additional sheets if needed.

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

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

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

REFERENCES Please provide at least three references that are not related to you or past supervisors.

Name: _____ Phone: _____
(area code & phone number)
Address: _____ Email Address: _____
(number, street, & apt. number)

(city, state & zip code) Best Time to Call: _____ a.m.
 p.m.
Relationship: _____ Occupation: _____

Name: _____ Phone: _____
(area code & phone number)
Address: _____ Email Address: _____
(number, street, & apt. number)

(city, state & zip code) Best Time to Call: _____ a.m.
 p.m.
Relationship: _____ Occupation: _____

Name: _____ Phone: _____
(area code & phone number)
Address: _____ Email Address: _____
(number, street, & apt. number)

(city, state & zip code) Best Time to Call: _____ a.m.
 p.m.
Relationship: _____ Occupation: _____

Have you been provided with a written job posting for the position which you are applying? Yes No

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential duties, responsibilities, and functions of the job for which you have applied? Yes No

APPLICANT STATEMENT AND SIGNATURE (Signature Required for Application to be Complete):

I certify that all information I have provided in order to apply for and obtain employment with Erie County Health Department is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Erie County Health Department and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service whenever it is discovered. In addition, I give Erie County Health Department the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting Erie County Health Department in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Erie County Health Department, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Erie County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Erie County is of an "at will" nature, which means that I am free to resign at any time and Erie County Health Department reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits, and salary are subject to change by Erie County Health Department at any time. I understand that no representative of Erie County Health Department is authorized to make any assurances to the contrary and that no implied, real or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Erie County Health Commissioner or Erie County Board of Health.

I understand that a new application must be completed for any future job postings or employment opportunities with the Erie County Health Department.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant (Required): _____ **Date:** _____

This box for Human Resources Office use only:

Received:

Interview: (1) _____ at _____ with _____

(2) _____ at _____ with _____

Pre-Employment Testing: Drug Screen _____ Physical _____ Background _____ Driving Record _____

Reference Verification _____ Start Date _____ Wage _____ Date Approved by Board of Health: _____

Health Commissioner's Approval: _____ Date: _____



Affirmative Action Voluntary Information

COMPLETION OF THIS FORM IS VOLUNTARY

All applicants are considered for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from an application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is *STRICTLY VOLUNTARY*. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. ***This information is not provided to the appointing authority and is kept separate from your application.***

Position(s) applied for: _____ Date: _____

Referral Source: _____ Job Posting No. _____

- | | |
|---|---|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Employee: _____ |
| <input type="checkbox"/> Ohio Job Store | <input type="checkbox"/> Relative: _____ |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Newspaper: _____ |
| <input type="checkbox"/> School | <input type="checkbox"/> Private Employment Agency: _____ |
| <input type="checkbox"/> Erie County Health Dept. Website | <input type="checkbox"/> Other: _____ |

Applicant Information

Male Female Disabled? No Yes

Veteran? No Yes Vietnam Veteran Special Disabled Veteran Other Eligible Veteran

Please check one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino) – all persons who identify with more than one of the above.

For Administrative Use Only OCRC Job Classifications

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Officials/Administrators | <input type="checkbox"/> Professional | <input type="checkbox"/> Technicians | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Para Professional | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Skilled Craft | <input type="checkbox"/> Service/Maintenance |