APPLICATION FOR EMPLOYMENT
Local Health Departments of Kentucky
(Excluding Lexington-Fayette, Louisville Metro, and Northern Kentucky which include Boone, Kenton, Campbell and Grant Counties)

Department for Public Health
Division of Administration & Financial Management
Local Health Personnel Branch
Phone number (502) 564-6663

INFORMATION SHEET

We appreciate your interest in employment with the ______________ Local Health Department. In order to receive full consideration for employment opportunities an “Application for Employment” must be completed and returned to the local health department where employment is being sought for proper consideration.

General Instructions for completing the application for employment:

- Type or print this application clearly in dark ink in its entirety.

- Job Announcements may contain special instructions and requirements.

- **Do not substitute a resume’ or other application form for this application.**

- Write the exact job title as specified on the job announcement.

- If a closing date for filing is shown in the job announcement, your application and any required information, such as a copy of transcript(s) and any other supporting documentation, must be submitted to the office listed on the job announcement by the date indicated.

- Applications that are received unsigned, incomplete, or after the closing date, shall be eliminated from consideration.

- Change of name or address should be reported in writing to the health department where you applied.

- Applications should be returned to the local health department where employment is being sought for proper consideration.
EEO Survey

Although the following information is not mandatory, it is requested to aid the Department for Public Health and the local health department 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 _____
LOCAL HEALTH DEPARTMENTS OF KENTUCKY
APPLICATION FOR EMPLOYMENT

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 - SSN Required for Record Keeping and Data Processing only

Date: _____

Name
LastFirstMiddle(Maiden)

Present Address
StreetCityStateZip CodeCounty

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

POSITION (S) APPLIED FOR

Local Health Department
Title of Position
Counties of Interest
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?
Yes No Are you currently employed with a Kentucky local health department?
If no, when were you last employed with a Kentucky local health department? _________
Which health department? ____________ Under what name? _________________

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)?
LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

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

(1) A misdemeanor? Yes ☐ No ☐ If yes, you must provide the following for EACH conviction:
   Conviction: ______ Date: ____ County: ________ (Use space below for additional convictions)

(2) A felony? Yes ☐ No ☐ If yes, you must provide the following for EACH conviction:
   Conviction: ______ Date: ____ County: ________ (Use space below for additional convictions)

(3) A moving traffic violation within the last 5 years? Yes ☐ No ☐ (Use space below to explain)

________________________________________________________________________

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 ☐ Do you have a valid drivers’ license?

Yes ☐ No ☐ Are you available for travel?

Yes ☐ No ☐ 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 ☐ Are you available to work overtime during the week?

Yes ☐ No ☐ Are you available to work overtime on weekends?

EDUCATION AND TRAINING

EDUCATION

High School Graduate ☐ Yes ☐ No If no, please indicate highest grade completed _____
   Passed High School Equivalency Tests/GED ☐ Yes

College Graduate ☐ Yes ☐ No Please indicate the highest level of college completed:
   ☐ College Freshman ☐ Associate’s Degree
   ☐ College Sophomore ☐ Bachelor’s Degree
   ☐ College Junior ☐ Master’s Degree
   ☐ College Senior ☐ Ph D

Are you currently attending school? ☐ Yes ☐ No If yes, anticipated graduation or completion date: _____
<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates of Attendance (Month and Year) From</th>
<th>To</th>
<th>Number of Credits Qtr. Sem.</th>
<th>Degree Rec’d AA., BS., Etc.</th>
<th>Date</th>
<th>Major</th>
<th>Minor</th>
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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.

<table>
<thead>
<tr>
<th>Business, Correspondence, Trade, Technical, or Vocational School Name and Location</th>
<th>Dates of Attendance (Month and Year) From</th>
<th>To</th>
<th>Total Hours Completed</th>
<th>Hours Required for Certification</th>
<th>Courses/Subjects Taken</th>
<th>Certificates Received</th>
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LICENSES OR CERTIFICATES:
Please indicate if you have a license, certificate, or other authorization to practice a trade or profession.

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

<table>
<thead>
<tr>
<th>Name of Trade or Profession Certificate/License:</th>
<th>License Number</th>
<th>Current License Expiration Date</th>
<th>Name and Address of Licensing Agency</th>
<th>Verified *</th>
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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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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.

<table>
<thead>
<tr>
<th>1. Employer</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td>Supervisor’s Name and Title</td>
<td>No. Supervised by You</td>
</tr>
<tr>
<td>Date Employed (Mo./Year)</td>
<td>Starting Salary: $</td>
<td></td>
</tr>
<tr>
<td>Date Separated (Mo./Year)</td>
<td>Ending Salary: $</td>
<td></td>
</tr>
<tr>
<td>Full Time Hrs/Week</td>
<td># Years</td>
<td># Months</td>
</tr>
<tr>
<td>Description of Work:</td>
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<td></td>
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<tr>
<td>Reason for Leaving/Wanting to Leave:</td>
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<tr>
<th>2. Employer</th>
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<tr>
<td>Job Title</td>
<td>Supervisor’s Name and Title</td>
<td>No. Supervised by You</td>
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<td>Date Employed (Mo./Year)</td>
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### 3. Employer

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<tr>
<th>Job Title</th>
<th>Supervisor’s Name and Title</th>
<th>No. Supervised by You</th>
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<tbody>
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</tbody>
</table>

Date Employed (Mo./Year) ____  
Date Separated (Mo./Year) ____  
Full Time _____ Hrs/Week _____ # Years _____ # Months _____  
Part Time _____ Hrs/Week _____ # Years _____ # Months _____  
Description of Work: _____  

Reason for Leaving/Wanting to Leave: __________________________________________

### 4. Employer

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Supervisor’s Name and Title</th>
<th>No. Supervised by You</th>
</tr>
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Date Employed (Mo./Year) ____  
Date Separated (Mo./Year) ____  
Full Time _____ Hrs/Week _____ # Years _____ # Months _____  
Part Time _____ Hrs/Week _____ # Years _____ # Months _____  
Description of Work: _____  

Reason for Leaving/Wanting to Leave: __________________________________________

### 5. Employer

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Supervisor’s Name and Title</th>
<th>No. Supervised by You</th>
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Date Employed (Mo./Year) ____  
Date Separated (Mo./Year) ____  
Full Time _____ Hrs/Week _____ # Years _____ # Months _____  
Part Time _____ Hrs/Week _____ # Years _____ # Months _____  
Description of Work: _____  

Reason for Leaving/Wanting to Leave: __________________________________________
6. Employer

<table>
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<tr>
<th>Address</th>
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Date Employed (Mo./Year) _____ Starting Salary: $ _____
Date Separated (Mo./Year) _____ Ending Salary: $ _____
Full Time _____ Hrs/Week _____ # Years _____ # Months _____ Part Time _____ Hrs/Week _____ # Years _____ # Months _____
Description of Work: ___
Reason for Leaving/Wanting to Leave: __________________________

7. Employer

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Date Employed (Mo./Year) _____ Starting Salary: $ _____
Date Separated (Mo./Year) _____ Ending Salary: $ _____
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: ________
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 and write the corresponding number(s) associated from the employment history section of the application. 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
☐ MS Word ______
☐ Outlook ______
☐ Excel ______
☐ PowerPoint ______

MAINFRAME/WORK-STATION SOFTWARE (SPECIFY) ______

KEYBOARDING SKILLS
☐ Correspondence/Forms
☒ Newsletters/Manuscripts
☐ Medical/Scientific/Legal Terminology

OFFICE EQUIPMENT
☐ Photocopy/Fax Machine ______

RECEPTIONIST/FRONT DESK/SCHEDULING
☐ Moderate Phone Contact (3+ hours/day) ______
☐ Heavy Phone Contact (6+ hours/day) ______
☐ Screen/Direct ______
☐ Volume of Traffic (_____/hour) ______

MAIL
☐ Sort/Screen/Distribute ______
☐ Date Stamp/Log ______

FILING
☐ Develop Systems ______
☐ Maintain Files/Archive ______

ADDITIONAL SKILLS
☐ Take minutes ______

FISCAL OPERATIONS
ACCOUNTING/BOOKKEEPING
☐ Accounts Receivable and/or Payable (system) ______
☐ Financial Systems (**) ______
☐ Deposits ______
☐ Expense Report Preparation ______

BUDGET
☐ Collect Data ______
☐ Proposal Preparation ______
☐ Prepare Budget ______
☐ Assist Only ______
☐ Monitor Expenditures ______
☐ Contract/Grant Proposals ______

BILLING AND CASHIERING
☐ Medical Coding & Billing ______
☐ Billing/Invoicing ______
☐ Cash Handling ______

ADMINISTRATION
PURCHASING/INVENTORY
☐ Expenditure Control ______
☐ Vendor Liaison ______
☐ Purchase Orders/Requisitions ______

PAYROLL (For # & System Used) ______

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 ______

ADDITIONAL SKILLS:
______________________________________
______________________________________

Social Security No. ___. ___. ___. ___.
For identification in case pages become separated

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