



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 Sandusky County Public Health; 2000 Countryside Drive; Fremont, OH 43420
- Fax to (419) 334-6380
- Scan application and email to info@scpublichealth.com

Thank you for your interest in employment with the Sandusky County Public Health



APPLICATION FOR EMPLOYMENT

Return To:
Sandusky County Public Health
200 Countryside Drive
Fremont, Ohio 43420

Answer all questions

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP

APPLICANT INFORMATION

Date of Application							
Position Applied for							
Referral Source		<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: <input type="checkbox"/> Website <input type="checkbox"/> Social Media					
Last Name		First		M.I.			
Street Address						Apartment/Unit #	
City		State		ZIP			
E-mail address							
Phone		Are you known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, by what name?							
Do you have a valid Ohio driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ohio driver's license number:			
Have you ever filed an application or worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to work?		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> On shifts	
Do any of your friends or relatives work here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If yes list name(s)							
Are you		<input type="checkbox"/> Under 18		<input type="checkbox"/> 18-70		<input type="checkbox"/> Over 70 years of age?	

IN CASE OF ACCIDENT OR EMERGENCY, PLEASE NOTIFY:

Name							
Relationship:							
Address:						Phone	

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

PREVIOUS EMPLOYMENT

Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

Summarize special skills and qualifications acquired from employment or other experience:

Please explain any gaps in employment:

Are you on lay-off and subject to recall? Yes No

What foreign languages do you speak, read, and/or write fluently?

	GOOD	FAIR	POOR
SPEAK			
READ			
WRITE			

Can you travel if a job requires it? Yes No

Have you been bonded? Yes No

If yes, for which position(s)?

Do you have a disability, a handicap or a medical condition that limits your job performance? Yes No

If yes please explain:

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

List trade or professional organizations of which you are a member, including office held:

REFERENCES

Please list three professional references not related to you

Full Name		Relationship	
Company/ Occupation		Phone	
Address			
Full Name		Relationship	
Company/ Occupation		Phone	
Address			
Full Name		Relationship	
Company/ Occupation		Phone	
Address			

EDUCATION

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

Specialized training apprenticeship, skills, and extra-curricular activities:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

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 company.

Signature of Applicant _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Received Application: _____

ARRANGE INTERVIEW: YES NO DATE _____

REMARKS: _____

EMPLOYED: YES NO START DATE OF EMPLOYMENT _____

JOB TITLE: _____ HOURLY RATE/SALARY _____

DEPARTMENT: _____



SANDUSKY COUNTY
PUBLIC HEALTH

