Guthrie County Public Health Nursing Service
2002 State St., Suite 1 - Guthrie Center, IA 50115

Application for Employment Application Date________________________

Please Print or Type

________/________/________
Social Security Number

____
Last Name First Name Middle Name or Initial

________________________ ________________________ __________ ________
Address (Number & Street) City State Zip Code

(________)________________________________ (________)________________________________
Phone (area code) number - daytime Phone (area code) number - evenings

CITIZENSHIP

If not a U.S. Citizen, do you intend to remain Permanently in the U.S.?________________________________

Can you, after employment, submit a Birth Certificate or other proof of U.S. citizenship?________________________

If not a U.S. Citizen, what type of Visa do you possess? ____Student ____Permanent Entry U.S.A. ____Other

Explain:____ Visa #____________

____

U.S.MILITARY SERVICE

SERVICE BRANCH________________________ FINAL RANK OR RATE________________________

SPECIALTY____

DATE ENTERED________________________ DATE SEPARATED________________________

RESERVE ORGANIZATION____

Please list job related skills or experience____

____

STATEMENT OF HEALTH

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you are applying? If yes, please explain:____

____

Will you take a physical examination? _____Yes _____No

PERSONAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____Yes_____No

If yes, explain and give dates:____

____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB? ____Yes____No

If yes, explain:____

____

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE: ____Yes ____No

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER STATE? ____Yes ____No

PROFESSIONAL ORGANIZATIONS, SPECIAL INTERESTS, HOBBIES (Omit any which might indicate Race, Religion, Color, National Origin or Ancestry:____

____

REFERENCES: NAMES OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION

Name________________________Occupation________________________Phone____________

Organization address:____

Name________________________Occupation________________________Phone____________

Organization address:____

Name________________________Occupation________________________Phone____________

Organization address:____

IMPORTANT: Give Name and Address of Person to Notify in Case of Emergency

Name________________________________ Phone Number________________________

Address (number, city, state, zip)____

PREVIOUS WORK EXPERIENCE

ORGANIZATION:_______________

KIND OF WORK_______________

ADDRESS (Street/box number, city, state, zip)_______________

____

EMPLOYMENT DATE: From_______________ To_______________

YOUR TITLE:_______________ SUPERVISOR"S TITLE_______________

AVERAGE NUMBER OF HOURS WORKED PER WEEK:_______________

JOB DUTIES:_______________

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ORGANIZATION:_______________

KIND OF WORK_______________

ADDRESS (Street/box number, city, state, zip)_______________

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ADDRESS (Street/box number, city, state, zip)____

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AVERAGE NUMBER OF HOURS WORKED PER WEEK:____________________
JOB DUTIES:____

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EDUCATION RECORD

Circle Highest Grade Completed
1 2 3 4 5 6 7 8 9 10 11 12

High School Graduate
or Equivalent (GED)? _____Yes _____No

Name and Location of Schools Attended Beyond High School	Dates Attended mo/yr mo/yr	Credit Received Quarter Semester Hours Hours	Field of Study or Area of Cencentration Major Hours	Minor Hours	Type of Degree Obtained

If you are working toward a degree, please give the anticipated completion date:_______________________________

WHAT OFFICE MACHINES CAN YOU USE?

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Type	State Issued	Date	No.
Type	State Issued	Date	No.
Type	State Issued	Date	No.
Type	State Issued	Date	No.

AREA OF SPECIALIZATION OR MAJOR
INTEREST:____
____

PLEASE LIST ANY OTHER INFORMATION YOU FEEL PERTINENT TO YOUR APPLICATION:___________________________
____
____
____

READ BEFORE SIGNING

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I also understand that if any of the information is found to be fake, it is grounds for disqualification or immediate dismissal. I understand that the agency will be performing a criminal history check as well as child abuse and dependent adult abuse record check in the State of Iowa.

I understand that any offer of employment with Guthrie County Public Health Nursing Service is contingent upon satisfactory passing of the required physical examination and background checks.

I hereby give permission to Guthrie County PHNS to consult with my previous employers, acquaintances and with other sources to verify the information contained herein and to learn of my ability and integrity (except where specifically requested not to under employment history section) for the purpose of securing any other information Guthrie County PHNS may deem necessary with my actual or possible employment by them. I hereby release them and their organization from all liability for any damage whatsoever resulting from issuing information concerning me.

____ ______________________
Applicant's Signature in Ink Date

An Equal Employment Opportunity/Affirmative Action Agency: Qualified applicants are eligible to compete for all positions without regard to race, color, national origin, sex, creed, religion, age, physical or mental disability, or marital status.

Guthrie County Public Health Nursing Service
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RERERENCES FOR APPLICANTS

Please submit the name, position, address, and telephone number of three (3) individuals who know you in a professional capacity, such as employers, school faculty and administrators.

(1) ______________________________ ______________________________
(Name) (Position)

______________________________ ______________
(Street Address) (City) (State) (Zip) (Telephone number)

(2) ______________________________ ______________________________
(Name) (Position)

______________________________ ______________
(Street Address) (City) (State) (Zip) (Telephone number)

(3) ______________________________ ______________________________
(Name) (Position)

______________________________ ______________
(Street Address) (City) (State) (Zip) (Telephone number)

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(Read carefully before signing)

I hereby authorize the above-named individuals/institutions to furnish Guthrie County Public Health Nursing Service representatives/local Board of Health/local Nurse Administrator with information concerning my education and experience, my reasons for leaving employment, together with any and all information concerning me whether on record or not. I agree to release and hold harmless the above-named individuals/institutions from liability for any damages whatsoever for issuing such information.

I acknowledge and authorize the usage of photocopies of this release to be the same as original when submitted to the above-named individuals/institutions.

Dated__________________ Signature______________________________

Witnessed______________________ ______________________
(Maiden Name)