



# Bell County Public Health District

## Employment Application

Complete this application in full. If questions are not applicable, enter "NA". Your eligibility for this position will be determined from the information you submit on this application. APPLICATIONS MUST BE LEGIBLE AND COMPLETE IN ORDER TO BE PROCESSED. RESUMES WILL NOT BE ACCEPTED.

### Applicant Information

POSTING NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last First M.I.*

Mailing Address \_\_\_\_\_

*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Are you eligible to work in the U.S.? YES  NO

Have you ever been employed by the State of Texas? YES  NO  If yes, From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any relatives by blood or marriage employed by the Bell County Public Health District? YES  NO  If yes, list by name: \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

List any periods of active U.S. Military Service:

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

If you have not graduated, circle the highest grade you have completed? 6 7 8 9 10 11 12

If you have not graduated from High School, GED have you taken and passed the GED test? YES  NO  Place: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Certifications, Training, and Skills

List license, registration, certification or other authorization if required for the position for which you are applying:

Type of license, registration, etc. \_\_\_\_\_ Board Certification/Specialty: \_\_\_\_\_

Granted by: \_\_\_\_\_ City and State: \_\_\_\_\_

License Number: \_\_\_\_\_ Valid From: \_\_\_\_\_ To: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

# Bell County Public Health District

Specialized Course Work	Hours	Specialized Course Work	Hours	Specialized Course Work	Hours

Typing Speed \_\_\_\_\_ Can you use a keystroke measurement device? YES  NO  Keystrokes/hr \_\_\_\_\_  
(wpm): \_\_\_\_\_

List any computer software/hardware with which you are proficient: \_\_\_\_\_

List any job related equipment, skills, or training: \_\_\_\_\_

List any language(s) in which you are fluent other than English: \_\_\_\_\_

## Previous Employment

Begin with your current or most recent position and work back to your first position. List separately each position held with any one organization. You must give all the information asked for below in order for your application to be evaluated properly. If additional space is needed, please add pages as necessary. Give name used if different from that given in the "Applicant Information" section.

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Responsibilities:  
(In order of importance)

Number and job types of employees supervised by you: \_\_\_\_\_

If this was a paid position, monthly salary? \_\_\_\_\_  
\$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current/previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Responsibilities:  
(In order of  
importance)

Number and job types of employees supervised by you: \_\_\_\_\_

If this was a paid position, monthly salary? \$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Responsibilities:  
(In order of  
importance)

Number and job types of employees supervised by you: \_\_\_\_\_

If this was a paid position, monthly salary? \$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

# Bell County Public Health District

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Responsibilities:  
(In order of  
importance)

Number and job types of employees supervised by you: \_\_\_\_\_

If this was a paid position, monthly salary? \$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Disclaimer and Signature

I hereby certify that this application and any attachments contain no willful omission(s), misrepresentation, or falsification and that the information given by me is true and complete. I understand that should investigation disclose any such misrepresentation or falsification, my application will be rejected, and I will be declared ineligible for employment or may be dismissed from employment. I understand that if employed, I will serve an initial probationary period. I hereby agree and authorize the release of any information from any source relating to my qualifications and education as certified to the Bell County Public Health District in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Do Not Print

Your application will NOT be considered unless it is signed and all relevant questions answered.

An Equal Opportunity Employer