



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

GED If you have not graduated from High School, 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 _____

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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

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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

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