



Public Health - Dayton & Montgomery County



APPLICATION FOR EMPLOYMENT

APPLICATION PROCEDURES

1. A completed Application for Employment and Consent to Procurement of Consumer Credit Report are **mandatory**. The Office of Human Resources accepts those documents for employment, which may be accompanied by a resume and cover letter.
2. Application materials mentioned above can either be faxed to **(937) 496-3070** or emailed at **humanresources@phdmc.org**, or dropped off at Human Resources at 117 South Main Street 45402, 2nd floor between the hours of 8:00am- 4:30pm.
3. Application materials are kept on file for six months from the date it is received in Human Resources.
4. Interviews are not given at the time application materials are submitted. Only qualified candidates will be contacted by the appropriate supervisor to schedule an interview. If you are not selected for a position your application materials will remain on file for six months. If the position you applied for is posted again within six months, your application materials will be forwarded to the appropriate offices for consideration at that time.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH
PUBLIC HEALTH

Please Visit our website at www.phdmc.org/employment for more job opportunities.

We are an equal opportunity Employer/Service provider



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PLEASE PRINT:

Name _____ Position Applying For _____

Information on sex, race and ethnic background is being collected to enable Public Health to monitor its diversity efforts and to ensure compliance with the Civil Rights Act of 1964 (Title 42, U.S. Section 2000 et. seq) and related laws and regulations. The information requested is voluntary and will not influence employment decisions. This information will be kept separately from your application.

Your answers are completely voluntary.

1. Group Status (check one):

- African American
 Caucasian
 Hispanic
 Native American or Alaskan Native
 Asian or Pacific Islander

2. Date of Birth: _____
Month Day Year

3. Sex: Male Female

4. Veteran (Vietnam Era or other, please specify): _____

5. Disabled Veteran: Yes No

6. Referral Source (how did you learn about the job?):

- Friend/Relative Newspaper Job Line
 Job Posting Ohio Bureau of Employment Services
 Professional/Trade Association Other: _____

7. Do you have a physical and/or mental impairment that would keep you from?
Performing the functions of the position that you are applying for: Yes No
If yes, please explain: _____

Signature _____ Date _____



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CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Public Health - Dayton & Montgomery County ("Employer"), or as a condition of my continued employment with the Employer, the Employer may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, BMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, licensure, and trustworthiness.

I hereby authorize and consent to the Employer's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Employer will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Employer. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting Agency that produced the report.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee



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Applicants are considered without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status

(Print clearly. Use ink. Please answer ALL questions.)

Return to: _____	Position applying for: _____
Office of Human Resources 117 South Main Street Dayton, OH 45422-1280	Date Available: _____

General Information

Name _____
Last First Middle

Current Address _____
Number Street City State Zip

Telephone Number: Home _____ Alternate _____

Have you worked for Public Health - Dayton & Montgomery County previously?

Yes No If yes, when? _____

Do you have any relatives currently employed by Public Health - Dayton & Montgomery County?

Yes No If yes, what department? _____

Are you over 18? Yes No

Check one: U.S Citizen Legal Resident

Would you be able to work overtime, if necessary? Yes No

Do you have the availability of a car for use on the job, if necessary? Yes No

Do you have a valid driver's license? Yes No

State Issued by _____ Number _____
Expiration Date _____ Type _____



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Do you use nicotine/tobacco in any form including replacement therapy products and prescription medications used to treat smoking addiction? Yes No

Military Services

Branch of Service _____ Rank _____

Training of education while in service _____

Reserve or National Guard Status _____

Education

Circle the highest grade of school completed:

1 2 3 4 5 6 7 8 9 10 11 12

Do you have a high school diploma?

Yes

No

G.E.D.? Yes No

	Number of years completed	Are you currently enrolled?	Did you graduate?	Course of study	Give types of degree, credits earned, or other documents awarded.
College: Name _____ Phone Number _____ _____ City/State _____		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
College: Name _____ Phone Number _____ _____ City/State _____		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
Business/Technical: Name _____ Phone Number _____ _____ City/State _____		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
Military/Correspondence: Name _____ Phone Number _____ _____ City/State _____		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		

Professional license registration/ certification:

Type _____ State issued by _____

Number _____ Expiration date _____

Skills:

Typing _____ wmp Computer software programs _____

Office machines _____

Other _____

Please list all foreign language skills:

EMPLOYMENT HISTORY

Account for all time for the past ten years, including periods of unemployment. Begin with your present position or occupation. Indicate name used if other than signature on this application. (If you need more room, use a separate sheet of paper.) A resume will become an official part of the application, but may not be substituted for any part of this application.

Company Name _____ Supervisor's Name _____

Company's Address _____ Phone Number _____
Number Street City State Zip

Your Title _____ Your Duties _____

Employment Date: FROM: Month _____ Year _____ TO: Month _____ Year _____

Starting pay: _____ per _____ Ending pay: _____ per _____

Reason for leaving _____ May we contact? Yes No

Company Name _____ Supervisor's Name _____

Company's Address _____ Phone Number _____
Number Street City State Zip

Your Title _____ Your Duties _____

Employment Date: FROM: Month _____ Year _____ TO: Month _____ Year _____

Starting pay: _____ per _____ Ending pay: _____ per _____

Reason for leaving _____ May we contact? Yes No

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Your Title _____ Your Duties _____

Employment Date: FROM: Month _____ Year _____ TO: Month _____ Year _____

Starting pay: _____ per _____ Ending pay: _____ per _____

Reason for leaving _____ May we contact? Yes No

REFERENCES

List three (3) people who have knowledge of your work abilities, skills and/or character. Do not include names of relatives or employers previously listed.

Name _____ Occupation _____
Address _____ Phone Number _____

Name _____ Occupation _____
Address _____ Phone Number _____

Name _____ Occupation _____
Address _____ Phone Number _____

Read the following statement before signing this document:

NOTE: Public Health hires only United States citizens and aliens lawfully authorized to work in the United States. Verification of identity and work authorization will be required upon hiring as a condition of employment.

Certain classifications, because of the nature of the work, may require pre-placement and/or periodic physical examination.

As an applicant for employment with Public Health - Dayton & Montgomery County, I understand and agree that Public Health - Dayton & Montgomery County may make a thorough investigation of my past employment and activities. This may include, but is not limited to, a motor vehicle operator and police record investigations. I thereby release you, your organization, my present employer(s), past employer(s), references or others from any liability or damages which may result from the exchange of the information requested.

For any applicant (including any former employee) considered for hire after January 1, 2014, use of tobacco or nicotine products in any form including replacement therapy products and prescription medications used to treat smoking addiction will automatically disqualify the applicant from being hired. Employees hired after January 1, 2014 shall not use such products at any time and upon reasonable suspicion that such employee is using a tobacco or nicotine product in any form shall be subject to mandatory testing. A positive test for nicotine shall be sufficient cause for termination of their employment.

I also certify that the facts set forth herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I UNDERSTAND THAT FALSE STATEMENTS OR MATERIAL OMISSIONS SHALL BE CONSIDERED SUFFICIENT CAUSE AS A BAR TO EMPLOYMENT OR GROUNDS FOR DISMISSAL FROM EMPLOYMENT.

Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER/SERVICE PROVIDER