

continued personal data.....

6. Please list any reason known to you why you might be unable to perform consistently and promptly any of the job duties:

7. Any objections to occasional overtime work? _____

8. Have you ever been disciplined or fired? _____

Why? _____

9) Do you have a record of founded child or dependent adult abuse, or have you ever been convicted of a crime in this state or any other state, excluding minor traffic offenses? _____

If yes, please provide details: _____

10) Is there any reason why you may not be able to accept employment, if offered, with this agency? _____

If yes, please explain: _____

11) Has your professional license, if required for this position, ever been revoked? _____

If yes, please explain: _____

WORK HISTORY

(List in order, last or present employer first)

1.
From: _____ To: _____ Position Title: _____
Name of Employer: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ Ending salary: \$ _____
Reason for wanting a job change: _____

2.
From: _____ To: _____ Position Title: _____
Name of Employer: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ Ending salary: \$ _____
Reason for wanting a job change: _____

Work History continued.....

3.
From: _____ **To:** _____ **Position Title:** _____
Name of Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ **Ending salary:** \$ _____
Reason for wanting a job change: _____

4.
From: _____ **To:** _____ **Position Title:** _____
Name of Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ **Ending salary:** \$ _____
Reason for wanting a job change: _____

May we contact the employers listed on the previous pages? YES NO

If not, please indicate which one(s) you do not wish us to contact.

Are there any other experiences, skills, or qualifications which you feel are relevant to this job that have not already been mentioned?

I hereby certify that the answers given by me to all the questions contained on this application form are true and correct. If employed by the Sac County Health Services, I will comply with all rules and regulations of Sac County Health Services. I agree to submit to a physical examination (if required). I also authorize my former employers to give any information they have regarding me, whether or not it is on their records. I hereby release them and the Agency from all liability for any damage whatsoever for issuing same. If upon investigation, anything in this application is found to be untrue, or if I do not pass the physical examination (if required) I understand I will be subject to dismissal.

Signature _____

Date _____

PERSONAL REFERENCES (list 3) (May use friends, co-workers, professionals acquaintances – NOT relatives)
Be sure to give complete addresses

Name _____ Phone __ (____) _____
Address _____ (street) _____ (city) _____ (state) _____ (zip)
Relationship _____ Years Known _____

Name _____ Phone __ (____) _____
Address _____ (street) _____ (city) _____ (state) _____ (zip)
Relationship _____ Years Known _____

Name _____ Phone __ (____) _____
Address _____ (street) _____ (city) _____ (state) _____ (zip)
Relationship _____ Years Known _____