

# THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY

## Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.
Date		Street Address	
Apartment/Unit #		City	
State		ZIP	
Phone		E-mail Address	
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Degree		
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/>
NO <input type="checkbox"/>	Degree		

SKILLS, LICENSES, CERTIFICATES, PROFESSIONAL REGISTRATIONS – PLEASE LIST.
<i>Please give a brief description of any job-related skills you may have.</i>

PREVIOUS EMPLOYMENT	
Company	Phone ( )

**This facility does not permit discrimination because of race, color, sex, age, handicap or national origin in accordance with 45 C.F.R. 84.7(b) of the Rehabilitation Act of 1973.**

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Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date