



# Public Health - Dayton & Montgomery County



## APPLICATION FOR EMPLOYMENT

### APPLICATION PROCEDURES

1. All applicants are required to complete an application for Employment which includes the Nicotine-Free Acknowledgment, and the Consent to Procurement of Consumer Credit Report to be considered for employment. The Office of Human Resources accepts those documents for employment, which may be accompanied by a resume and cover letter. PHDMC is a Nicotine-Free facility.
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, Dayton, Ohio, 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. If the position for which you applied is posted again within six months, your application materials will be forwarded to the appropriate offices for consideration at that time. If you want to be considered for another open position within six months, please call Human Resources to express your interest. You will not be required to complete another application.
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.

THANK. YOU FOR YOUR INTEREST IN EMPLOYMENT WITH  
PUBLIC HEALTH

Please Visit our website at [www.phdmc.org/employment](http://www.phdmc.org/employment) for more job opportunities.

**Position is subject to a criminal background check**

Applicants who declare use of nicotine/tobacco in any form including replacement therapy products and prescription medications used to treat smoking addictions on the PHDMC Application for Employment or addendum thereto, shall not be considered for employment.

***PUBLIC HEALTH - DAYTON & MONTGOMERY COUNTY (PHDMC) IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, AGE, NATIONAL ORIGIN, DISABILITY, MILITARY STATUS, VETERAN STATUS, GENETIC TESTING, OR OTHER UNLAWFUL BIAS EXCEPT WHEN SUCH A FACTOR CONSTITUTES A BONA FIDE OCCUPATIONAL QUALIFICATION ("BFOQ").***



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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                      Date                      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 for which you are applying: \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER/SERVICE PROVIDER



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### NICOTINE-FREE ACKNOWLEDGMENT

As a condition of my employment with Public Health- Dayton & Montgomery County, I hereby acknowledge that I do not presently use any nicotine or tobacco product in any form, including but not limited to, replacement therapies such as nicotine gum, transdermal patches, nasal sprays or any prescription medications to treat smoking addiction. I further acknowledge that I will not engage in the use of these products at any time while employed by Public Health - Dayton & Montgomery County. I understand that if Public Health - Dayton & Montgomery County has reason to suspect that I may be violating this policy, I will be subject to a nicotine test, with or without notice, and I hereby grant my consent to this testing. Finally, I understand that my refusal to submit to a test or any other violation of this policy will result in discipline, up to and including immediate termination.

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Employee Name

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Signature

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Date



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### CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand, 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, pursuant to the Federal Trade Commission (FTC) Fair Credit Reporting Act (FCRA), 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 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



**Public Health**  
Prevent. Promote. Protect.  
Dayton & Montgomery County

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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: \_\_\_\_\_ Alternative: \_\_\_\_\_

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 or prescription medications used to treat smoking addiction?  Yes  No

### **Military Services**

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Training or 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.
<b>College:</b> _____ Name Phone Number _____ City/State		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>College:</b> _____ Name Phone Number _____ City/State		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Business/Technical:</b> _____ Name Phone Number _____ City/State		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Military/Correspondence:</b> _____ 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:

\_\_\_\_\_

\_\_\_\_\_

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## 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 space, please use a separate sheet of paper.) A resume cannot be substituted for the employment history section; however, it will become an official part of the application,

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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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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 \_\_\_\_\_  
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Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your Title \_\_\_\_\_ Your Duties \_\_\_\_\_  
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Starting pay: . \_\_\_\_\_ per \_\_\_\_\_ Ending pay: \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

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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

**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** \_\_\_\_\_

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**Read the following statement before signing this document:**

NOTE: Public Health hires, 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**