



# 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, 2<sup>nd</sup> 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](http://www.phdmc.org/employment) for more job opportunities.

We are an equal opportunity Employer/Service provider



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## APPLICATION FOR EMPLOYMENT

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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## APPLICATION FOR EMPLOYMENT

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.
<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 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.

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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 \_\_\_\_\_

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Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

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**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 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**