

EDUCATION: Have you graduated from high school or received a high school equivalency diploma (GED)?] Yes] No
 If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College, Business or Trade Schools Name & City Location	Major or Vocational Subjects	Years Completed	Current Degree/Certificate

List any current trade or professional licenses, certificates, or registrations: _____

SKILLS AND QUALIFICATIONS:

Language Skills: Indicate your fluency in speaking, reading, and/or writing any foreign language(s).

	Language	Fluent	Good	Fair
Speak				
Read				
Write				

Computer Skills: (Check appropriate boxes. Include software titles and years of experience.)

] Word Processing Years _____] Internet Years _____

] Spreadsheet Years _____] Typing/Keyboard Years _____

] Presentation Years _____] Ten Key Years _____

] Email Years _____ [] Database Years _____

] Other (Please specify) _____ Years _____

YOU MAY BE TESTED ON ANY OR ALL OF THE ABOVE LISTED SKILLS.

Please list any additional skills you have which may assist you in performing the job for which you are applying or give additional information you would like us to consider.

WORK HISTORY: Beginning with present or most recent, list your employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service if applicable.

May we contact your current employer?] Yes [] No

Company Name: _____ Dates of Employment: _____
From/To

Address: _____
Street City State Zip Code Telephone

Immediate Supervisor's Name: _____

Job Title, Responsibilities and Duties: _____

Reason for Leaving: _____

Company Name: _____ Dates of Employment: _____
From/To

Address: _____
Street City State Zip Code Telephone

Immediate Supervisor's Name: _____

Job Title, Responsibilities and Duties: _____

Reason for Leaving: _____

Company Name: _____ Dates of Employment: _____
From/To

Address: _____
Street City State Zip Code Telephone

Immediate Supervisor's Name: _____

Job Title, Responsibilities and Duties: _____

Reason for Leaving: _____

These questions will be asked at the interview:

Are you able to meet the attendance requirements of the position as they are explained to you?

] Yes] No

Will you work overtime if required?

] Yes] No

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Southwest Utah Public Health Department is true, complete, and correct.

I expressly authorize, without reservation, Southwest Utah Public Health Department, except as stated in work history, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Southwest Utah Public Health Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Southwest Utah Public Health Department and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Southwest Utah Public Health Department reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Southwest Utah Public Health Department is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Director/Health Officer of Southwest Utah Public Health Department.

If I am hired, I understand that I will be designated as an essential emergency employee and that I will be expected to respond in the event of a natural disaster or public health emergency. As an essential emergency employee, I may be required to participate in extra ordinary efforts in performing emergency tasks and assignments which may be different from normal day to day responsibilities.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. Criminal background check including fingerprints will be required.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____