

Panhandle Public Health District
P.O. Box 337
Hemingford, NE 69348



APPLICATION FOR EMPLOYMENT

Name Date

Address Telephone

City State Zip Code E-mail address

How long at this address?

If under 18, please list age

Position applied for? Wage desired

How many hours can you work weekly?

Employment desired

- Full-time only Part-time only Either

When would you be available to start?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION Complete mailing address	NUMBER OF YEARS COMPLETED	MAJOR AND DEGREE
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number State of Issue Operator Commercial (CDL) Chauffeur

Have you had any accidents in the past three years? Yes No How many?

Have you had any moving violations in the past three years? Yes No How many?

Is there any reason that would prevent you from performing fully the duties of the job for which you are applying?

Yes No

If you need any accommodation to perform fully the duties of the job for which you are applying, please specify.

Please list two references.

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>	Zip Code	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty

Date Entered

Date Discharged

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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer				
Address				
City		State		Zip Code
Phone		Name of Last Supervisor	Employment Dates From/To	Pay or Salary Start/Final
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of Employer				
Address				
City		State		Zip Code
Phone		Name of Last Supervisor	Employment Dates From/To	Pay or Salary Start/Final
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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Name of Employer			
Address			
City		State	Zip Code
Phone			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer			
Address			
City		State	Zip Code
Phone			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **PANHANDLE PUBLIC HEALTH DISTRICT** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **PANHANDLE PUBLIC HEALTH DISTRICT**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of the Company. Both the undersigned and **PANHANDLE PUBLIC HEALTH DISTRICT** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy ; (2) consent to and compliance with such policy is a condition of my employment; and (3) violations of such policies may result in action leading up to, and including, termination.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be under an orientation period for a period of ninety (90) worked days, and further that at any time during the orientation period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to age, race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, gender identity, citizenship, physical or mental disability, genetic information, veteran status, uniformed servicemember status, or any other status protected by federal, state, or local laws. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.