



Public Health
Prevent. Promote. Protect.

APPLICATION FOR EMPLOYMENT

(RE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Jasper County Health Department
105 N Lincoln - Carthage, MO 64836
Phone: 417-358-3111 / Fax: 417-358-0494

PERSONAL INFORMATION

DATE

SOCIAL SECURITY
NUMBER

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER

Are you 18 years or older?

Yes

No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Do you have a valid Driver's License?

Yes

No

DL NUMBER

STATE

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY?

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF
EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NUMBER

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with our without cause, and with or without notice, at any time by the company."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____

HIRED Yes No POSITION _____ DEPARTMENT _____

SALARY / WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER