# BV COUNTY PUBLIC HEALTH & HOME CARE

## EMPLOYMENT APPLICATION

**BV County Public Health & Home Care is an Equal Opportunity Employer.** Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other protected classification under applicable law.

**Position Applied For:** _____ **Date:** _____

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# APPLICANT INFORMATION

**Name:** _____
**Mailing Address:** _____
**City:** _____ **State:** _____ **ZIP:** _____
**Phone Number:** _____**Email Address:** _____

**Are you legally authorized to work in the United States?** ☐ Yes ☐ No

**If hired, can you provide documentation verifying your identity and employment eligibility?** ☐ Yes ☐ No

**Have you ever worked for BV County Public Health & Home Care before?** ☐ Yes ☐ No

If yes, when? _____

**Have you ever worked for BV County before?** ☐ Yes ☐ No

If yes, when? _____

**Do you have any relatives currently employed by BV County?** ☐ Yes ☐ No

If yes, please list name and relationship: _____

**Are you currently employed?** ☐ Yes ☐ No

**Do you have a valid drivers license?** ☐ Yes ☐ No

**Date available to start:** _____

**Desired wage:** _____

**Employment Desired:** ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ PRN/As Needed

# EDUCATION

**High School**
School Name: _____City/State: _____
Did you graduate? ☐ Yes ☐ No Diploma/GED: _____
**College/University/Tech Program/Other**
School Name: _____ City/State: _____
Degree Earned: _____ Major/Area of Study: _____
**College/University/Tech Program/Other**
School Name: _____ City/State: _____
Degree Earned: _____ Major/Area of Study: _____

### Other Training, Certifications, or Licenses

_____
_____
_____

# PROFESSIONAL LICENSES & CERTIFICATIONS

Please list any current licenses, certifications, or registrations relevant to the position.
License/Certification: _____ License Number: _____
State: _____ Exp Date: _____
License/Certification: _____ License Number: _____
State: _____ Exp Date: _____

# EMPLOYMENT HISTORY

Please begin with your most recent employer.

### Employer #1

Employer Name: _____ Job Title: _____
Supervisor: _____ Phone: _____
Address: _____
Dates Employed (Month/Year): From: _____ To: _____
Starting Pay: _____ Ending Pay: _____

Primary Duties:
_____
_____
_____
Reason for Leaving:_____
May we contact this employer? ☐ Yes ☐ No

### Employer #2

Employer Name: _____ Job Title: _____
Supervisor: _____ Phone: _____
Address: _____
Dates Employed (Month/Year): From: _____ To: _____
Starting Pay: _____ Ending Pay: _____

Primary Duties:

_____
_____
_____

Reason for Leaving:_____
May we contact this employer? ☐ Yes ☐ No

### Employer #3

Employer Name: _____ Job Title: _____
Supervisor: _____ Phone: _____
Address: _____
Dates Employed (Month/Year): From: _____ To: _____
Starting Pay: _____ Ending Pay: _____

Primary Duties:

_____
_____
_____

Reason for Leaving:_____
May we contact this employer? ☐ Yes ☐ No

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# SKILLS & QUALIFICATIONS

Please describe any skills, experience, training, equipment proficiency, languages, or qualifications relevant to the position.

# PROFESSIONAL REFERENCES

### Reference #1

Name: _____
Relationship: _____
Employer: _____
Phone: _____
Email: _____

### Reference #2

Name: _____
Relationship: _____
Employer: _____
Phone: _____
Email: _____

### Reference #3

Name: _____
Relationship: _____
Employer: _____
Phone: _____
Email: _____

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# APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may result in disqualification from consideration or termination of employment if hired.
I authorize BV County Public Health & Home Care to verify information contained in this application and to contact previous employers, educational institutions, and references as necessary for employment consideration.
I understand that submission of this application does not constitute an offer or guarantee of employment.

Applicant Signature: _____
Date: _____

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# FOR OFFICE USE ONLY

Date Received: _____
Interview Date: _____
Interviewer: _____
Position: _____

Hire Date: _____