



Brown County Health Department

826 Mt Orab Pike, Georgetown, OH 45121

www.browncountyhealth.org

Health Commissioner: Kyle D. Arn, MS, RS

Our mission is to protect and improve the health of Brown County residents by providing preventive services, ensuring healthy environments and promoting healthy lifestyles.

PHONE: 937.378.6892 | TOLL FREE: 866.867.6892 | FAX: 937.378.4301 | MON-FRI 8AM - 4:30PM

POSITION APPLICATION

NAME _____

ADDRESS _____

POSITION DESIRED _____

SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER - HOME _____

OFFICE _____

If you believe you have been discriminated against for any reason, contact:

Director
Ohio Department of Health
P O Box 118
Columbus Ohio 43216

Department of Health, Education and Welfare
Office of Civil Rights
Washington D.C.



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EDUCATION/TRAINING BACKGROUND (Transcripts may be required)

1. School _____ Telephone _____
Major/Minor _____ Degree/Diploma _____
2. School _____ Telephone _____
Major/Minor _____ Degree/Diploma _____
3. School _____ Telephone _____
Major/Minor _____ Degree/Diploma _____
4. School _____ Telephone _____
Major/Minor _____ Degree/Diploma _____

PAST EMPLOYMENT (Start with most recent employer)

1. Dates: From _____ To _____
Employer _____
Supervisor _____ Phone _____
Position _____ Hourly Salary _____
Reason for leaving _____
2. Dates: From _____ To _____
Employer _____
Supervisor _____ Phone _____
Position _____ Hourly Salary _____
Reason for leaving _____
3. Dates: From _____ To _____
Employer _____
Supervisor _____ Phone _____
Position _____ Hourly Salary _____
Reason for leaving _____
4. Dates: From _____ To _____
Employer _____
Supervisor _____ Phone _____
Position _____ Hourly Salary _____
Reason for leaving _____
5. Dates: From _____ To _____
Employer _____
Supervisor _____ Phone _____
Position _____ Hourly Salary _____
Reason for leaving _____



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REFERENCES

PROFESSIONAL:

6. Name _____ Phone _____
Address _____
7. Name _____ Phone _____
Address _____
8. Name _____ Phone _____
Address _____

PERSONAL:

9. Name _____ Phone _____
Address _____
10. Name _____ Phone _____
Address _____

May we contact the professional and personal references and the educational institutions you have listed? _____

1. Have you ever been convicted of a felony, misdemeanor or plead “no contest” ? _____

If yes, please explain: _____

2. Do you have a valid Ohio Driver’s License, or are you willing to obtain one? _____

3. Can you supply your own transportation for work use? _____

4. Have you ever been employed in the State or County service of Ohio? _____

5. Have you ever served in the U.S. Military? _____ Branch _____ Dates _____

Equal Opportunity Employer



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6. Please list any licenses or certifications and/or equipment experience, which may pertain to the position you are applying for, that you currently hold:

7. Brown County Health Department requires a background check and a drug screening prior to employment, and reserves the right to require a physical, are you willing to comply with these requirements? _____

I affirm that the information provided in this application is true and failure to give true information may result in termination.

I give the Brown County Health Department permission to make a thorough investigation of my previous employment and education background.

I realize that any offer of employment is contingent upon producing documentation required by the Immigration Reform and Control Act of 1986.

I realize that my employment offered is terminable-at will.

Signed _____

Date _____

DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED _____

REFERENCES CALLED _____

CREDENTIALS SENT FOR _____

CREDENTIALS RECEIVED _____

DATE OF INTERVIEW _____

BY WHOM? _____

HIRE DATE _____ POSITION TITLE _____

SALARY _____ CONTRACT _____

COMMENTS:

Equal Opportunity Employer