

**Guthrie County Public Health Nursing Service**  
**2002 State St., Suite 1 - Guthrie Center, IA 50115**

Application for Employment \_\_\_\_\_

Application Date \_\_\_\_\_

**Please Print or Type**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number                      Last Name                      First Name                      Middle Name or Initial

\_\_\_\_\_  
Address (Number & Street)                      City                      State                      Zip Code

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Phone (area code) number - daytime                      Phone (area code) number - evenings

**CITIZENSHIP**

If not a U.S. Citizen, do you intend to remain Permanently in the U.S.? \_\_\_\_\_

Can you, after employment, submit a Birth Certificate or other proof of U.S. citizenship? \_\_\_\_\_

If not a U.S. Citizen, what type of Visa do you possess?    \_\_\_ Student                      \_\_\_ Permanent Entry U.S.A.                      \_\_\_ Other

Explain: \_\_\_\_\_                      Visa # \_\_\_\_\_

**U.S. MILITARY SERVICE**

SERVICE BRANCH \_\_\_\_\_                      FINAL RANK OR RATE \_\_\_\_\_

SPECIALTY \_\_\_\_\_

DATE ENTERED \_\_\_\_\_                      DATE SEPARATED \_\_\_\_\_

RESERVE ORGANIZATION \_\_\_\_\_

Please list job related skills or experience \_\_\_\_\_

**STATEMENT OF HEALTH**

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you are applying? If yes, please explain: \_\_\_\_\_

Will you take a physical examination?    \_\_\_ Yes                      \_\_\_ No

**PERSONAL**

HAVE YOU EVER BEEN CONVICTED OF A FELONY:    \_\_\_ Yes                      \_\_\_ No

If yes, explain and give dates: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM A JOB?    \_\_\_ Yes                      \_\_\_ No

If yes, explain: \_\_\_\_\_

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE:    \_\_\_ Yes                      \_\_\_ No

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER STATE?    \_\_\_ Yes                      \_\_\_ No

PROFESSIONAL ORGANIZATIONS, SPECIAL INTERESTS, HOBBIES (Omit any which might indicate Race, Religion, Color, National Origin or Ancestry): \_\_\_\_\_

**REFERENCES: NAMES OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Organization address: \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Organization address: \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Organization address: \_\_\_\_\_

**IMPORTANT: Give Name and Address of Person to Notifv in Case of Emergency**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address (number, city, state, zip) \_\_\_\_\_

**PREVIOUSWORKEXPERIENCE** ORGANIZATION: \_\_\_\_\_

KIND OF WORK \_\_\_\_\_

ADDRESS (Street/box number, city, state, zip) \_\_\_\_\_

EMPLOYMENT DATE: From \_\_\_\_\_ To \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S TITLE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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ORGANIZATION: \_\_\_\_\_

KIND OF WORK \_\_\_\_\_

ADDRESS (Street/box number, city, state, zip) \_\_\_\_\_

EMPLOYMENT DATE: From \_\_\_\_\_ To \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S TITLE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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ORGANIZATION: \_\_\_\_\_

KIND OF WORK \_\_\_\_\_

ADDRESS (Street/box number, city, state, zip) \_\_\_\_\_

EMPLOYMENT DATE: From \_\_\_\_\_ To \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S TITLE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

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ORGANIZATION: \_\_\_\_\_  
KIND \_\_\_\_\_ OF \_\_\_\_\_ WORK \_\_\_\_\_  
ADDRESS (Street/box number, city, state, zip) \_\_\_\_\_

EMPLOYMENT DATE: From \_\_\_\_\_ To \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S TITLE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

KIND OF WORK \_\_\_\_\_

ADDRESS (Street/box number, city, state, zip) \_\_\_\_\_

EMPLOYMENT DATE: From \_\_\_\_\_ To \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S TITLE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

KIND OF WORK \_\_\_\_\_

ADDRESS (Street/box number, city, state, zip) \_\_\_\_\_

EMPLOYMENT DATE: From \_\_\_\_\_ To \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ SUPERVISOR'S TITLE \_\_\_\_\_

AVERAGE NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EDUCATION RECORD

Circle Highest Grade Completed

1 2 3 4 5 6 7 8 9 10 11 12

High School Graduate

or Equivalent (GED)? \_\_\_\_ Yes \_\_\_\_ No

| Name and Location of Schools Attended beyond High School | Dates Attended |       | Credit Rec'd. |       | Major | Field of Study or Area of Concentration | Minor | Type of Degree Obtained |
|--|----------------|-------|---------------|-------|-------|---|-------|-------------------------|
|  | mo/yr          | mo/yr | Qtr/Semester  | Hours |       |   |       |                         |
|  |                |       |               |       |       |   |       |                         |
|  |                |       |               |       |       |   |       |                         |
|  |                |       |               |       |       |   |       |                         |
|  |                |       |               |       |       |   |       |                         |

If you are working toward a degree, please give the anticipated completion date: \_\_\_\_\_

WHAT OFFICE MACHINES CAN YOU USE?

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

|      |              |      |     |
|------|--------------|------|-----|
| Type | State Issued | Date | No. |
| Type | State Issued | Date | No. |
| Type | State Issued | Date | No. |
| Type | State Issued | Date | No. |

AREA OF SPECIALIZATION OR MAJOR INTEREST: \_\_\_\_\_

PLEASE LIST ANY OTHER INFORMATION YOU FEEL PERTINENT TO YOUR APPLICATION: \_\_\_\_\_

## READ BEFORE SIGNING

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I also understand that if any of the information is found to be fake, it is grounds for disqualification or immediate dismissal. I understand that the agency will be performing a criminal history check as well as child abuse and dependent adult abuse record check in the State of Iowa.

I understand that any offer of employment with Guthrie County Public Health Nursing Service is contingent upon satisfactory passing of the required physical examination and background checks.

I hereby give permission to Guthrie County PHNS to consult with my previous employers, acquaintances and with other sources to verify the information contained herein and to learn of my ability and integrity (except where specifically requested not to under employment history section) for the purpose of securing any other information Guthrie County PHNS may deem necessary with my actual or possible employment by them. I hereby release them and their organization from all liability for any damage whatsoever resulting from issuing information concerning me.

Applicant's Signature in Ink \_\_\_\_\_

\_\_\_\_\_ Date

An Equal Employment Opportunity/Affirmative Action Agency: Qualified applicants are eligible to compete for all positions without regard to race, color, national origin, sex, creed, religion, age, physical or mental disability, or marital status.

FOR OFFICE USE ONLY:

Credentialing and References Checked: Credentials Checked \_\_\_\_\_ References Checked \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**REFERENCES FOR APPLICANTS**

Please submit the name, position, address, and telephone number of three (3) individuals who know you in a professional capacity, such as employers, school faculty and administrators.

(1) \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip) (Telephone number)

(2) \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip) (Telephone number)

(3) \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip) (Telephone number)

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

(Read carefully before signing)

I hereby authorize the above-named individuals/institutions to furnish Guthrie County Public Health Nursing Service representatives/local Board of Health/local Nurse Administrator with information concerning my education and experience, my reasons for leaving employment, together with any and all information concerning me whether on record or not. I agree to release and hold harmless the above-named individuals/institutions from liability for any damages whatsoever for issuing such information.

I acknowledge and authorize the usage of photocopies of this release to be the same as original when submitted to the above-named individuals/institutions.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_  
(Maiden Name)