



CABELL-HUNTINGTON HEALTH DEPARTMENT APPLICATION FOR EMPLOYMENT

703 Seventh Avenue ♦ Huntington, West Virginia 25301 ♦ PH: 304-523-6483 ♦ FAX: 304-523-6482

JOB POSITION FOR WHICH YOU ARE APPLYING - Application cannot be processed without at least one job title.

- 1.
- 2.
- 3.

SOCIAL SECURITY NUMBER (Last Four Digits Only)					
LAST NAME		FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS					
CITY					
STATE					
ZIP		EMAIL ADDRESS			
CELL PHONE				NOTIFICATION PREFERENCE	
OTHER PHONE				Phone	Yes
		Email	Yes	No	
MARK ALL EMPLOYMENT TYPES YOU WILL ACCEPT			ANSWER EACH OF THE FOLLOWING		Y
A		Permanent Full-Time	Have you previously applied to the Cabell-Huntington Health Department?		
B		Temporary Full-Time (1000 hours per 12- month period)			
C		Other special hiring	Have you applied to CHHD using a different full or last name? If yes, enter other name(s).		
D		Contract			

EDUCATION: If you need additional space, provide the information on a separate sheet of paper.

Did you receive a high school diploma or GED equivalent? <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Equivalent <input type="checkbox"/> Neither							
Mark highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
Additional Education: All academic training other than High School/GED Equivalent may be verified. Verification of academic training can be in the form of an official transcript, copy of diploma or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.							
SCHOOL NAME and ADDRESS	FIELD(S) of STUDY		CREDIT HOURS		ATTENDANCE DATES		TYPE OF DEGREE ATTACH TRANSCRIPT
	major	minor	sem.	qtr.	mo./yr.	mo./yr.	
BUSINESS/VOCATIONAL/ TECHNICAL SCHOOL	COURSE(S) of STUDY		NO. WEEKS ATTENDED		HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY
ADDITIONAL TRAINING <small>(SEMINARS, MILITARY TRAINING, WORKSHOPS, ETC.)</small>	COURSE(S) of STUDY		NO. WEEKS ATTENDED		HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY
LICENSE(S) <small>(CDL, NURSE, SOCIAL WORK, ETC.)</small>	LICENSE NUMBER(S) - ATTACH COPY		EXP. DATE <small>(MM/YYYY)</small>			TYPE/CLASS <small>(TEMPORARY, CLASS A or B, ETC.)</small>	

AFFIRMATION: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the Cabell-Huntington Health Department and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the Cabell-Huntington Health Department and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Unsigned applications will not be processed. You will be notified of an incomplete application until signature request notice is returned to our office verifying application is accurate.

SIGNATURE:

DATE:

EMPLOYMENT HISTORY: List all work experience beginning with your present/most recent employer. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. Indicate employment dates and hours worked per week. If more space is needed to describe your duties, continue into the next box, or attach additional pages. **IMPORTANT: Resumés are accepted as an addendum to this application.**

EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	EMPLOYMENT DATES (month/year)	
		From	To
EMPLOYMENT STATUS	HOURS WORKED		
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours Worked Per Week	
SUPERVISORY EXPERIENCE			
Did you supervise employees daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you began supervising (month/year)	
List title(s) and number(s) of employees you officially supervised, and what supervisory duties you performed.			
DETAILED DESCRIPTION OF YOUR JOB DUTIES			
Reason for leaving?			

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