



Public Health
Prevent. Promote. Protect.

Public Health Job Application Form

Full Name: _____

Address: _____

Phone Number: _____

Email: _____

EDUCATION HISTORY

High School Name & Location:

Year Graduated: _____

Trade School Name & Location (if applicable):

Year Graduated/Completed Training:

College/University Name & Location:

Degree Earned & Year Graduated:

EMPLOYMENT POSITION DESIRED

Position Applying For:

Date Available to Begin Work:

Employment Preference:

Full-Time (Full time is 37.5 hours per week)

Availability (Days & Hours):

Part-Time (Indicate hours per week available)

15 hrs. per week _____ Days of the week available _____

22.5 hrs. per week _____ Days of the week available _____

30 hrs. per week _____ Days of the week available _____

Please complete the section(s) relevant to your desired position

Administrative & Office Support Position

Customer Service Skills/Experience:

Software & Technology Proficiency (e.g., Excel, QuickBooks, PowerPoint,
Social media: _____

Office Management & Scheduling Experience:

Other Relevant Administrative Skills:

Nursing & Healthcare Position

Nursing Credentials (e.g., RN, LPN, CNA, Public Health Certification):

Clinical Skills (e.g., Patient Education, Immunizations, Health Screenings

Knowledge of Public Health Practices & Regulations:

Other Relevant Healthcare Experience:

Environmental Health & Safety Position

Inspection & Compliance Experience (e.g., Water Testing, Tanning Facility Inspections,
Environmental Hazards):

Knowledge of Environmental Health Laws & Public Safety Standards:

Data Collection & Reporting Skills: (e.g., grant/progress reporting)

Other Relevant Environmental Health Expertise:

EMPLOYMENT HISTORY (LAST 5 YEARS)

Employer #1 Company Name:

Position Held: _____

Dates of Employment: _____

Supervisor Name & Contact: _____

Reason for Leaving: _____

Employer #2 Company Name:

Position Held: _____

Dates of Employment: _____

Supervisor Name & Contact: _____

Reason for Leaving: _____

Employer #3 Company Name:

Position Held: _____

Dates of Employment: _____

Supervisor Name & Contact: _____

Reason for Leaving: _____

REFERENCES

Work References List 3 supervisors/managers (do not list friends/co-workers)

1. **Name:** _____
Relationship: _____
Contact: _____

2. **Name:** _____
Relationship: _____
Contact: _____

3. **Name:** _____
Relationship: _____
Contact: _____

Social References: List 2 social acquaintances

1. **Name:** _____
Relationship: _____ **Contact Number** _____

2. **Name:** _____
Relationship: _____ **Contact Number** _____

Authorization Statement

I confirm that the information provided in this application is accurate and truthful to the best of my knowledge. I understand that any false statements or omissions may result in my application rejection, or—if hired—could lead to my immediate termination at any time in the future.

I acknowledge that no representative of **Health Services Lyon County** has the authority to make a binding employment agreement unless it is in writing and signed by an authorized representative of the organization.

This authorization allows **Health Services Lyon County** to verify any or all the information provided in this application. However, this waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Signature: _____ **Date:** ____ / ____ / ____

