



Franklin County Public Health  
 280 East Broad Street  
 Columbus, Ohio 43215-4562  
 (614) 525-3160  
 www.myfcph.org

# Employment Application

Please type or print legibly

Social Security Number (Last 4 digits)		Position Desired:	
Last Name		First Name	Middle Initial
Street Address			
City		State	Zip Code
Email Address		Home Phone Number	Mobile Phone Number

Are you interested in :       Full-time permanent work?       Part-time permanent work?  
 Temporary/Seasonal work?

**Previous Franklin County Employment?**     Yes     No

Agency	Position	Dates of Service
Supervisor's Name		Your Name if Different From Above

## Education - Subject to Verification from School

High School Name	City, State
Course Work	Did you Graduate? Yes                  No

College (Undergraduate)	City, State
Course Work	Did you Graduate? Yes                  No

College (Graduate)	City, State
Course Work	Did you Graduate? Yes                  No

Certification Received	City, State
Certifying Agency	License Number

## Training & Certifications

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as part of your education as previously described).

Type of Training
Subject(s) Covered
Briefly describe any additional information or special qualifications you have for the position requested (e.g. special technology, equipment you operate, etc.)

## Experience

Employer	Title		
Beginning Month	Beginning Year	End Month	End Year
Reason For Leaving			
Supervisor Name and Title			Can We Contact Them? Yes      No

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Employer	Title		
Beginning Month	Beginning Year	End Month	End Year
Reason For Leaving			
Supervisor Name and Title			Can We Contact Them? Yes      No

## Miscellaneous

If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying?  Yes  No If No, explain:

Do you have any commitments to another employer that might affect your employment with the County?  Yes  No If Yes, please explain:

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations?  Yes  No  
If No, please explain:

Have you been convicted of a felony?  Yes  No  
Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If Yes, please explain fully:

Salary Desired:

Do you have a valid driver's license?

Driver's license Number:

Yes  No

## Professional References

Please list the names and address of three individuals, whom we may contact for a professional recommendation. Past supervisors preferred.

Name	Relationship	City/State	Zip Code	Phone
Name	Relationship	City/State	Zip Code	Phone
Name	Relationship	City/State	Zip Code	Phone

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

I consent to a release of information by present or former employers, schools, law enforcement agencies, and other individuals and organizations, as Franklin County Public Health to lawfully assess my ability to perform the job for which I am applying.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Certification: I understand that my signature on this application form certifies that all information which I provide related to my application for employment with the Franklin County Public Health is true and complete to the best of my knowledge, and that falsification of any such information may be grounds for dismissal should I become employed. I authorize the Franklin County Public Health to verify through all appropriate means, including a criminal history check, any information it receives related to my application in determining my qualifications for the work for which I have applied. I understand that this application and any information received in conjunction with it become the property of the Franklin County Public Health.

IMPORTANT STATEMENT – PLEASE READ CAREFULLY: Nothing contained in any written personnel policies, manuals, handbooks, publications, or other transmittals of the Franklin County Public Health shall constitute or imply a contract of employment between Franklin County Public Health and any employee. Further, nothing stated or said, whether orally or in writing, shall constitute or imply a contract of employment between Franklin County Public Health and the employee. Franklin County Public Health reserves the right to terminate the employment of any employee at any time for any lawful reason.

*Hiring decisions and all employment decisions are made without regard to race, color, religion, sex, national origin, handicap, age or ancestry.*

## Equal Opportunity Employer