

APPLICATION FOR EMPLOYMENT

Local Health Departments of Kentucky

(Excluding Lexington-Fayette, Louisville Metro, and Northern Kentucky, which include Boone, Kenton, Campbell, and Grant Counties)

Department for Public Health
Division of Administration & Financial Management
Local Health Personnel Branch
Phone number (502) 564-6663

To apply to an open merit position, you must use the online applications system at <https://KOG.CHFS.KY.GOV/HOME> by creating a citizen account and then search LHDCOS (search and apply). Paper applications are used for internal openings and contracts.

INFORMATION SHEET

General Instructions for completing the application for employment:

- Type or print clearly in dark ink.
- Job Announcements may contain special instructions and requirements.
- **Do not substitute a resume or other application form.**
- Write the job title as specified on the job announcement.
- All supporting documents, such as transcripts, must be submitted by the close date in the advertisement to the local health department.
- Applications that are received unsigned, incomplete, or after the closing date, might be eliminated from consideration.

EEO Survey

Although the following information is not mandatory, it is requested to aid the Department for Public Health and the local health department in their commitment to Equal Employment Opportunity. The information in this section will not be used in making any decision affecting potential employment or any personnel action following employment, should you be employed.

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

Gender: Male Female Other

Ethnicity (Check Only One)

- | | | |
|---|---|---|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ | |

LOCAL HEALTH DEPARTMENTS OF KENTUCKY APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer. We do not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, public assistance, or other non-merit factor. Thank you for your interest in employment with us.

Agency use only-----	
Class #	_____
Class #	_____
Class #	_____
Class #	_____

Social Security Number

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SSN Required for Record Keeping and Data Processing only

Date: _____

Name _____
 Last First Middle (Maiden)

Present Address _____
 Street City State Zip Code County

Telephone () - Additional # () -

Email: _____

POSITION (S) APPLIED FOR

Local Health Department	Local Health Department
Title of Position	Title of Position

PERSONAL INFORMATION

If under 18 years of age, please provide proof of eligibility to work.

Yes No Do you have a relative employed with a Kentucky local health department?

If yes, who? _____

Which health department? _____

Yes No May we contact your present employer?

Yes No May we contact your previous employer(s)?

Social Security No ____ - ____ - ____ For identification in case pages become separated
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AVAILABILITY:

If offered employment, you will be asked to verify that you are a citizen of the United States or prove that your immigration status permits you to work.

On what date will you be available for work? _____

Full-time Part-time Temporary

Yes No Do you have a valid drivers' license?

Yes No Are you available for travel?

Yes No Are you available to work on-call (after regular work hours? Saturdays, Sundays)? *Some positions may require that you be on call on a rotating basis to provide service after regular working hours or on the weekends.

Yes No Are you available to work overtime during the week?

Yes No Are you available to work overtime on weekends?

EDUCATION AND TRAINING

EDUCATION

High School/GED Yes No **If no**, please indicate the highest grade completed _____

College Graduate Yes No Please indicate the highest level of college completed:

College Freshman College Sophomore College Junior College Senior
 Associate's Degree Bachelor's Degree Master's Degree Ph D

Are you currently attending school? Yes No If yes, anticipated graduation or completion date: _____

TRANSCRIPTS MUST BE PROVIDED AT TIME OF APPLICATION FOR THOSE JOB ANNOUNCEMENTS THAT REQUIRE POST-SECONDARY EDUCATION OR WHEN EDUCATION CAN BE SUBSTITUTED FOR EXPERIENCE. TRANSCRIPTS MUST SHOW THE DEGREE AWARDED.

Social Security No ____ - ____ - _____
 For identification in case pages become separated

College, University or Professional School: List all undergraduate and graduate work.

Name	Location	Dates of Attendance (Month and Year)		Number of Credits Qtr. Sem.		Degree Rec'd AA., BS. Etc.	Date	Major	Minor
		From	To						

Business, Correspondence, Trade, Technical, or Vocational School Name and Location	Dates of Attendance (Month and Year)		Total Hours Completed	Hours Required for Certification	Courses/Subjects Taken	Certificates Received
	From	To				

LICENSES OR CERTIFICATES:
 Please indicate if you have a license, certificate, or other authorization to practice a trade or profession.

***A COPY OF LICENSURE VERIFICATION IS REQUIRED FOR POSITIONS, E.G., NURSE, PHYSICAL THERAPIST, ARNP, ETC.**

Name of Trade or Profession Certificate/License:	License Number	Current License Expiration Date	Name and Address of Licensing Agency	Verified *

KNOWLEDGE / SKILL/ ABILITIES (KSAs)
 List KSAs you possess and believe relevant to the position you seek, such as operating a computer, fluency in a language, etc.

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. **Use a separate block to describe each position (including promotions) or gaps in employment. You may add additional pages if needed.** The information provided is used to determine if you meet the minimum requirements of education and experience for the position. Under "Description of work," describe your job in sufficient detail. Indicate the number of employees supervised. **If the number of hours on a job varied or was PRN, use the average number of hours per week.** Part-time experience is pro-rated according to the number of hours worked, using 37.5 hours for the workweek.

1. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you
_____	_____	_____
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		
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2. Employer	Address	Phone
_____	_____	_____
Job Title	Supervisor's Name and Title	Number of employees supervised by you
_____	_____	_____
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

3. Employer	Address	Phone
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Job Title	Supervisor's Name and Title	Number of employees supervised by you
<hr/>		
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part -Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

4. Employer	Address	Phone
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Job Title	Supervisor's Name and Title	Number of employees supervised by you
<hr/>		
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

5. Employer	Address	Phone
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Job Title	Supervisor's Name and Title	Number of employees supervised by you
<hr/>		
Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part-Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

Social Security No ____ - ____ - _____
 For identification in case pages become separated

6. Employer	Address	Phone
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Job Title	Supervisor's Name and Title	Number of employees supervised by you
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Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

7. Employer	Address	Phone
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Job Title	Supervisor's Name and Title	Number of employees supervised by you
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Start Date (Mo./Year) _____		
End Date (Mo./Year) _____ or _____ Still working		
Full- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Part- Time _____ Hrs/Week _____ # Years _____ # Months _____		
Description of Work: _____		
Reason for Leaving/Wanting to Leave: _____		

CERTIFICATION: I am aware that any omissions, falsifications, misstatements, or misrepresentations made in this application -may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my employment if I am hired. I certify to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete, and made in good faith.

Signature: _____ **Date:** _____