



**PULASKI COUNTY HEALTH CENTER  
PULASKI COUNTY HOME HEALTH AGENCY  
HUMAN RESOURCES - APPLICATION FOR EMPLOYMENT**

**Instructions**  
Please TYPE or Print Legibly. Complete entire application. Attach additional sheets if necessary. Resumes are not accepted in lieu of completed application. The purpose for requesting social security number is to process personnel actions.

**IDENTIFICATION AND PERSONAL DATA**

1. Last Name	First	Middle	Social Security Number	
2. Home Address - Street	City	State	Zip	3. Telephone Number

4. Have you previously worked for the Pulaski County Health Center, Pulaski County Home Health Agency?  YES  NO

5. If applicable to your profession, give association or licensing authority and the certification, registration or licensing number.

6. Can you travel if position requires it?  YES  NO

7. Have you ever been convicted or, or pleaded guilty or nolo contendere in a criminal prosecution under the laws of any state or the United States? *If yes, this does not necessarily exclude you from employment consideration but falsification or omission of this information will disqualify you for employment.*  YES  NO

8. Have you ever had a professional license disciplined? If yes, when, type of discipline, and the reason for the discipline.  YES  NO

9. Have you ever been disciplined as a licensed day care, foster home, or residential care facility? If yes, state when, type of discipline, and the reason for the discipline.  YES  NO

10. Have you ever been placed on the Employment Disqualification List? If yes, state when, what type of discipline, and the reason for the discipline.  YES  NO

**EDUCATION - GIVE YOUR COMPLETE EDUCATION HISTORY BELOW**

11. Do you have either a high school diploma or GED?

12. Higher Education Name and Location	Dates of Attendance	Semester Hours	Major or Related Subjects	Degree Earned

**PROFESSIONAL REFERENCES -- OTHER THAN FAMILY MEMBERS OR PREVIOUS SUPERVISORS**

13. Name	Relationship	Place of Work and Telephone Number

**RELATIVES WORKING FOR THE PULASKI COUNTY HEALTH DEPARTMENT**

14. Name	Relationship	Place of Employment

## EMPLOYMENT RECORD

Describe in detail all positions that you have held during the last ten (10) years. Start with your present employment or if you are unemployed your most recent employment and list your employment history from most recent back. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Be sure to indicate where the record of your experience may be verified.

15. Name, address, & telephone of company and type of business	Dates of Employment	Description of Duties	Reason for Leaving
	From:		
	To:		
	Position Held		
Name of Supervisor	Hours Worked per Week		
15. Name, address, & telephone of company and type of business	Dates of Employment	Description of Duties	Reason for Leaving
	From:		
	To:		
	Position Held		
Name of Supervisor	Hours Worked per Week		
15. Name, address, & telephone of company and type of business	Dates of Employment	Description of Duties	Reason for Leaving
	From:		
	To:		
	Position Held		
Name of Supervisor	Hours Worked per Week		
15. Name, address, & telephone of company and type of business	Dates of Employment	Description of Duties	Reason for Leaving
	From:		
	To:		
	Position Held		
Name of Supervisor	Hours Worked per Week		

Please attach continuation sheet if needed.

### THIS APPLICATION IS NOT VALID UNLESS SIGNED. READ CAREFULLY BEFORE SIGNING

Pursuant to state and federal law, your social security number may be used for the following purposes:

1.) To conduct criminal record checks, 2.) To verify information provided in your application, 3.) For identification purposes in disciplinary databases. If you fail or refuse to provide your social security number, you will not be considered for employment.

**I HEREBY CERTIFY that this application contains no misrepresentation or falsification and that the information give by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time discloses any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient ground for rejection of my application and/or removal from employment.**

**I HEREBY AUTHORIZE the Pulaski County Health Department, Pulaski County Home Health Agency to investigate, obtain and compile information concerning my employment history, and to conduct record review of myself, including information pertaining to any report of abuse or neglect revealed by an examination of the applicable registries, and/or information related to any convictions for criminal acts.**

Signature 	Date
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