



655 East 1300 North
 Logan, Utah 84341
 (435) 792-6500
 www.brhd.org

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

1. Please type or print clearly.
2. Fill applicable information, initial the agreements on page five and sign your name.
3. Complete all sections of this application.
4. Submit completed form to the BRHD Administration office.

READ THE FOLLOWING POLICIES CAREFULLY BEFORE COMPLETING APPLICATION

- You may apply for any position by submitting this application to the Bear River Health Department Administration office.
- This application is valid for the current position for which you are applying. This application will be kept on file for six months.
- Your completed application will be used to determine your eligibility for the position for which you applied.
- Failure to complete this application in full may result in rejection of this application.
- If more space is needed to give full answers or explanations, attach additional sheets.
- If you are invited to an interview, you may be asked to provide additional documents (resume, transcripts, etc.).
- False statements, evidence of fraud, or deceit in connection with this application will disqualify you from consideration, and, if discovered after employment, will be grounds for dismissal.
- This application and all attached documents are official records of the Bear River Health Department and will not be returned.
- Bear River Health Department is an equal opportunity employer and does not discriminate in its employment practices. No question on this application is used for the purpose of excluding any applicant for consideration on a basis protected by law.

JOB INFORMATION			
Position Applied For:	Date of Application:		
Referral Source:	<input type="checkbox"/> Walk-in	<input type="checkbox"/> BRHD Website	<input type="checkbox"/> BRHD Employee (name) _____
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> DWFS	<input type="checkbox"/> Other (specify) _____
PERSONAL INFORMATION			
Name (First, Middle, Last)			
Email Address	Day Phone	Evening Phone	Cell Phone
Mailing Address	City	State	Zip

Answer each of the following questions:

Yes No 1. May we contact you at work? If yes, give the best time to contact you. _____
 Yes No 2. Have you ever filed an application here? If yes, give date(s). _____
 Yes No 3. Have you ever been employed here? If yes, give dates. ____/____/____ to ____/____/____
 Yes No 4. Are you related to any BRHD employee? If yes, Name/Relationship _____
 Yes No 5. After employment, can you submit a birth certificate or other proof of U.S. citizenship or other proof of the right to remain in or work in the U.S.?
 Yes No 6. Have you ever been convicted of or imprisoned for a felony crime? If yes, please explain the facts and circumstances in the Additional Information section of page four.

EDUCATIONAL BACKGROUND

List the names and addresses of schools attended, starting with the most recent:

College/University Education

Name and Location of School	Degree Received	Major/Subject Emphasis	Type of Degree/Certification
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		

Other Education/Training (Vocational, Technical or Other)

Name and Location of School	Degree Received	Major/Subject Emphasis	Type of Degree/Certification
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		

SKILLS AND QUALIFICATIONS

Please list any additional skills which may assist you in performing the job for which you are applying including any **languages** you may speak and **computer programs** you may use proficiently.

EMPLOYMENT HISTORY

Begin with your present or most recent job and describe all periods of employment, such as paid (full or part-time). Include volunteer (full or part time), self-employment, and/or military service. Account for your time during any intervals of unemployment, other than when attending school, in the additional section on page four.

Employer		Job Title		
Mailing Address		City	State	Zip
Supervisor's Name			Telephone	
Dates Employed From To		<input type="radio"/> Full Time <input type="radio"/> Part Time	Hours Worked Per Week	Final Pay Rate
				May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
List your specific job duties				Reason for leaving

EMPLOYMENT HISTORY *(Continued)*

Employer					Job Title
Mailing Address		City	State	Zip	
Supervisor's Name					Telephone
Dates Employed From To		<input type="radio"/> Full Time <input type="radio"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
List your specific job duties					Reason for leaving
Employer					Job Title
Mailing Address		City	State	Zip	
Supervisor's Name					Telephone
Dates Employed From To		<input type="radio"/> Full Time <input type="radio"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
List your specific job duties					Reason for leaving
Employer					Job Title
Mailing Address		City	State	Zip	
Supervisor's Name					Telephone
Dates Employed From To		<input type="radio"/> Full Time <input type="radio"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
List your specific job duties					Reason for leaving

REFERENCES

List the names and telephone numbers of three business/work references that are not related to you.

Name	Relationship	Telephone Number	Years Known
1.			
2.			
3.			
4.			

ADDITIONAL INFORMATION

List any additional information you would like us to consider and explain any intervals of unemployment:
If you answered “Yes” to question 6 on page 1, please explain the facts and circumstances here.

VETERAN’S PREFERENCE

Bear River Health Department provides qualifying veterans with preference in employment. Qualifying veterans may obtain preference by submitting as verification of eligibility, a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215).

If you are a spouse of a veteran or unmarried widow/widower and wish to claim veteran’s preference, please submit a copy of either your marriage license or DD1173 card and the DD 214 or 215 forms.

This information is voluntary. However DISCLOSURE OF THE INFORMATION IS REQUIRED IF YOU WISH TO BE GIVEN PREFERENCE.

Do you claim Veteran’s Preference?

Yes No

If yes, “x” one of the following as a/an:

- Veteran
- Spouse, unmarried widow or widower of a veteran

Do you claim Disabled Veteran’s Preference?

Yes No

If yes, “x” one of the following as a/an:

- Disabled veteran
- Spouse, unmarried widow/widower of disabled veteran.

Please read the following statements carefully before you sign and return this application

I have read the instructions and application policies section on page 1 of this application.
(please initial here) _____

I certify that the information in this application is true and correct to the best of my knowledge and I understand that any misrepresentations, falsifications or omissions of information will result in my disqualification from consideration for employment or, if employed my dismissal. I understand that this application is not a contract, offer, or promise of employment.

I have read, understand and agree to this statement. (please initial here) _____

I give Bear River Health Department the right to investigate all information on this application and to secure private or confidential information about me, if job related. I authorize all persons, schools, companies, corporations, and agencies to supply any information concerning the information on this application. I hereby release all such parties from any liability that may result from furnishing this information to Bear River Health Department. I also release from liability Bear River Health Department and its representatives for seeking information concerning my employment and education background.

I have read, understand and agree to this statement. (please initial here) _____

I understand that Bear River Health Department has a commitment to maintain an alcohol and drug-free workplace. I further understand and agree that if I am offered employment, I will be required to submit to an alcohol/drug testing prior to employment.

I have read, understand and agree to this statement. (please initial here) _____

Applicant's signature

Date

Before submitting your application, this form must be initialed and signed in the areas indicated above.