



Northeast District Department of Health

Employment Application

Environmental Health Staff

Northeast District Department of Health is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name	Middle	Last
Street Address	City	State Zip Code
Home Telephone Number	Social Security Number	Today's Date

Daytime Telephone Number at which we may contact you Email address

Which method do you prefer to be contacted by? Phone Email

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime? Yes No

If "yes", please explain:

How were you referred to Northeast District Department of Health? Please circle the number of the most appropriate response and specify where appropriate.

1	2	3	4	5	6
College	State	Employee	WEB or Print	No	Other: _____
or	or		Advertisement	Referral;	_____
University	Job Bank		_____	Walk-In	_____
_____			_____		

Position Preferences

For what position are you applying? _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time ___ Part Time ___ # of Hours Per Week ___

Could you work overtime? Yes ___ No ___

What date could you start work? _____

Could you travel if required by this position? Yes ___ % of Time _____ No ___

Education

High School

School Name: _____

City and State: _____

Major or Subject: _____

Degree or # of Years Completed: _____ Grade Point Average: _____

College

School Name: _____

City and State: _____

Major or Subject: _____

Degree or # of Years Completed: _____ Grade Point Average: _____

College

School Name: _____

City and State: _____

Major or Subject: _____

Degree or # of Years Completed: _____ Grade Point Average: _____

State of CT Environmental Health Training:

<u>Program</u>	<u>Date Course Completed</u>	<u>Certification Date or Status</u>
<u>Food Inspector</u>	_____	_____
<u>Soils: Phase I</u>	_____	_____
<u>Soils: Phase II</u>	_____	_____
<u>Lead Inspector/Investigator</u> (please indicate one or both)	_____	_____

You will be asked to provide a copy of your certifications as a condition of an offer of employment.

List any other certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Northeast District Department of Health and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at Northeast District Department of Health (NDDH) is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by has no specific term and may be terminated by the employee or NDDH with or without notice. I acknowledge that NDDH has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with NDDH, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to NDDH I agree to release and hold harmless NDDH from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with NDDH may be terminated.

Applicant's Signature

Date