

Northeast District Department of Health Employment Application

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.

Prospective employees may be required to submit to a urinalysis drug test as part of the application procedure for employment with the Northeast District Department of Health. All testing will be conducted in accordance with Connecticut General Statutes (Sec. 31-51v). If a prospective employee tests positive for drugs, any offer of employment may be retracted. The results of such test shall be confidential and shall not be disclosed by the Northeast District Department of Health or its employees to any person other than any such employee to whom such disclosure is necessary.

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

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 ___ When could you start work? _____

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

Education

High School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

Graduate School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any 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.

Applicant's Signature

Date