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)

☐ White (Non-Hispanic) ☐ Black/African American ☐ Hispanic or Latino

☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native

☐ Asian ☐ 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 ☐☐☐ - ☐☐ - ☐☐☐☐ 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

_____ Title of Position

_____ Local Health Department

_____ 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

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.

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

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

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

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.

_____
_____
_____

Social Security No _ _ _ - _ _ - _ _ _ _
For identification in case pages become separated

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: _____

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: _____

Social Security No _ _ _ - _ _ - _ _ _ _
For identification in case pages become separated

3. 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: _____

4. 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: _____

5. 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: _____

Social Security No _ _ _ - _ _ - _ _ _ _
For identification in case pages become separated

6. 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: _____

7. 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: _____

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**: _____