



Sarpy/Cass Department of Health & Wellness

701 Olson Drive, Suite 101 Papillion, Nebraska 68046 (402) 339-4334 Fax (402) 339-4235

EMPLOYMENT APPLICATION

TYPE OR PRINT IN BLACK INK - These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". Be sure to sign when completed. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications. Sarpy/Cass Department of Health and Wellness is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services.

Last Name	First Name	Middle	Home Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address			Cell Phone Number
<input type="text"/>			<input type="text"/>
City	State	Zip Code	Work Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

May we call you here? Yes No

Please list any other names used if different from name given on application:

List exact title or position for which you wish to apply:

Minimum salary desired:

Have you ever been convicted of a felony? Yes No

If your answer is "yes", explain in concise detail on a separate sheet of paper, giving the date and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some positions require additional information relating to misdemeanor convictions or deferred adjudication.

EDUCATION

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.

Type of School	School Name and Location	Dates Attended		Graduated		Diploma/Degree	Major/Minor Field of Study
		From	To	Yes	No		
High School				<input type="checkbox"/>	<input type="checkbox"/>		
Undergraduate College or University				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Graduate School				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Technical, Vocational or Business School				<input type="checkbox"/>	<input type="checkbox"/>		

LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License Certification	Date Issued	Issued by (State or Authority)	License Number	Location of Issuing Authority (City/State)

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summary of experience should clearly describe your qualifications. A resume may be attached, but not substituted for the requested information.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of all the technical and, if appropriate, the managerial responsibilities of each position you have held.

Name of Employer

Address

City

State

Zip Code

Phone Number

Name of Supervisor

Employed

From

To

Full-time

Part-time

Temporary

Reason for Leaving

Pay Rate

Start

Finish

Job Title & Responsibilities (use additional pages if necessary)

Name of Employer

Address

City

State

Zip Code

Phone Number

Name of Supervisor

Employed

From

To

Full-time

Reason for Leaving

Part-time

Pay Rate

Start

Finish

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Job Title & Responsibilities (use additional pages if necessary)

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State

Zip Code

Phone Number

Name of Supervisor

Employed

From

To

Full-time

Reason for Leaving

Part-time

Pay Rate

Start

Finish

Temporary

Job Title & Responsibilities (use additional pages if necessary)

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Mail or bring your completed application to the Sarpy/Cass Department of Health and Wellness at the address listed above. The Personnel Department cannot be responsible for applications sent directly to departments, other individuals, or other public or private agencies.

Interviews are not conducted at the time of application. When applying for a position that is currently available, your application will be reviewed and you will be contacted either by telephone or mail regarding the status of your application.

Applications are retained for a period of one calendar year from date of receipt. If you are not contacted within 90 days for possible employment and are still interested in employment with the Sarpy/Cass Department of Health and Wellness, we require that you call our office to update your application in order to be considered for future openings.

Employees of the Sarpy/Cass Department of Health and Wellness are at will and may resign their employment or be terminated at any time as provided in the Sarpy/Cass Department of Health and Wellness Policies and Procedures Manual.

Sarpy/Cass Department of Health and Wellness is an equal opportunity employer and will not discriminate against any employee or applicant. Accommodations are available for applicants with disabilities in all phases of the application and employment process. Contact the Personnel Department for an auxiliary aid or service.

Sarpy/Cass Department of Health and Wellness maintains a drug free workplace and will not tolerate the use, possession or distribution of illegal substances. Employees must abide by the Health Department's drug and alcohol use/abuse screening procedures.

THANK YOU for considering employment with the Sarpy/Cass Department of Health and Wellness. Depending on the number of applications and any examination requirements, we strive to complete the entire hiring process within one month of the position closing.

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I AFFIRM THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED OR, IF EMPLOYED BY THE HEALTH DEPARTMENT, I MAY BE TERMINATED FROM EMPLOYMENT. I UNDERSTAND THAT I MUST PASS A CRIMINAL BACKGROUND INVESTIGATION, CREDIT CHECK AND PASS TESTING FOR ALCOHOL AND SUBSTANCE USE/ABUSE, AS A CONDITION OF EMPLOYMENT. I ALSO UNDERSTANT THAT DIRECT DEPOSIT OF PAY IS A CONDITION OF EMPLOYMENT. I UNDERSTANT THAT IF I AM EMPLOYED, I WILL SERVE AN INTRODUCTORY PERIOD OF PROBATION OF AT LEAST SIX (6) MONTHS AND SUBJECT TO TERMINATION WITHOUT RIGHT TO APPEAL. I FURTHER AUTHORIZE ANY AND ALL OF MY CURRENT OR PREVIOUS EMPLOYERS, ASSOCIATES, OR REFERENCES TO PROVIDE THE PERSONNEL DEPARTMENT OR ANY DEPARTMENT ANY INFORMATION CONCERNING MY EMPLOYMENT RECORD OR CHARACTER. FINALLY, I AUTHORIZE THAT COPIES OF THIS APPLICATION MAY BE FURNISHED TO INTERESTED SARPY/CASS DEPARTMENT OF HEALTH AND WELLNESS'S OFFICES/DEPARTMENTS.

Signature of Applicant

Date