



**Brown County Health Department**  
9116 Hamer Road, Suite 101, Georgetown, OH 45121  
www.browncountyhealth.org  
Health Commissioner: Kyle D. Arn, MS, RS

Our mission is to protect and improve the health of Brown County residents by providing preventive services, ensuring healthy environments and promoting healthy lifestyles.

PHONE: 937.378.6892 | TOLL FREE: 866.867.6892 | FAX: 937.378.4301 | MON-FRI 8AM - 4:30PM

## POSITION APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE NUMBER - HOME \_\_\_\_\_  
OFFICE \_\_\_\_\_

If you believe you have been discriminated against for any reason, contact:

Director  
Ohio Department of Health  
P O Box 118  
Columbus Ohio 43216

Department of Health, Education and Welfare  
Office of Civil Rights  
Washington D.C.



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**EDUCATION/TRAINING BACKGROUND** (Transcripts may be required)

1. School \_\_\_\_\_ Telephone \_\_\_\_\_  
Major/Minor \_\_\_\_\_ Degree/Diploma \_\_\_\_\_
2. School \_\_\_\_\_ Telephone \_\_\_\_\_  
Major/Minor \_\_\_\_\_ Degree/Diploma \_\_\_\_\_
3. School \_\_\_\_\_ Telephone \_\_\_\_\_  
Major/Minor \_\_\_\_\_ Degree/Diploma \_\_\_\_\_
4. School \_\_\_\_\_ Telephone \_\_\_\_\_  
Major/Minor \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

**PAST EMPLOYMENT** (Start with most recent employer)

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Hourly Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
2. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Hourly Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Hourly Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
4. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Hourly Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
5. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Hourly Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_



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**REFERENCES**

**PROFESSIONAL:**

6. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
7. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
8. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**PERSONAL:**

9. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
10. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

May we contact the professional and personal references and the educational institutions you have listed? \_\_\_\_\_

1. Have you ever been convicted of a felony, misdemeanor or plead “no contest” ? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have a valid Ohio Driver’s License, or are you willing to obtain one? \_\_\_\_\_

3. Can you supply your own transportation for work use? \_\_\_\_\_

4. Have you ever been employed in the State or County service of Ohio? \_\_\_\_\_

5. Have you ever served in the U.S. Military? \_\_\_\_\_ Branch \_\_\_\_\_ Dates \_\_\_\_\_



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6. Please list any licenses or certifications and/or equipment experience, which may pertain to the position you are applying for, that you currently hold:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Brown County Health Department requires a background check and a drug screening prior to employment, and reserves the right to require a physical, are you willing to comply with these requirements? \_\_\_\_\_

I affirm that the information provided in this application is true and failure to give true information may result in termination.

I give the Brown County Health Department permission to make a thorough investigation of my previous employment and education background.

I realize that any offer of employment is contingent upon producing documentation required by the Immigration Reform and Control Act of 1986.

I realize that my employment offered is terminable-at will.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

DO NOT WRITE BELOW THIS LINE

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APPLICATION RECEIVED \_\_\_\_\_

REFERENCES CALLED \_\_\_\_\_

CREDENTIALS SENT FOR \_\_\_\_\_

CREDENTIALS RECEIVED \_\_\_\_\_

DATE OF INTERVIEW \_\_\_\_\_

BY WHOM? \_\_\_\_\_

HIRE DATE \_\_\_\_\_ POSITION TITLE \_\_\_\_\_

SALARY \_\_\_\_\_ CONTRACT \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_