

**APPLICATION**

Please Follow These Steps to complete this application:

(1) Save this application form to a computer, (2) ‘Select’ each gray box and fill it in, (3) Save the changes,

(4) Attach the completed APPLICATION form to an e-mail with a subject line that reads: “Application for Public Health Program Nurse Position”, (5) also attach your RESUMÉ to the e-mail message, (6) Insert COVER LETTER info into body of the e-mail, (7) send the e-mail to Kelly Derby, SHDHD Finance and Operations Manager, at kelly.derby@shdhd.org Questions? Contact Kelly Derby at 1-877-238-7595.

DATE: mm/dd/yyyy

**PERSONAL DATA**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (   ) \_ \_ \_ - \_ \_ \_ \_

Telephone Number Ext

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (   ) \_ \_ \_ - \_ \_ \_ \_       .

 Page or other Contact Number

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_ \_ Zip: \_ \_ \_ \_ \_

Are you under the age of 18? [ ]  Yes [ ]  No Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION**

Position for which you are applying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available to begin: mm/dd/yyyy

Do you have reliable transportation? [ ]  Yes [ ]  No (add comment, if desired)

Do you have a valid Nebraska driver’s license? [ ]  Yes [ ]  No (add comment, if desired)

Can you present evidence of your legal right to work in the United States? [ ]  Yes [ ]  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? [ ]  Yes [ ]  No

Are you on a lay-off and subject to recall? [ ]  Yes [ ]  No

Are you currently employed? [ ]  Yes [ ]  No

**EDUCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **School Name** | **Location** | **Years** **Attended** | **Major** | **Degree** | **Degree** **Obtained** |
| **High** |       |       | yyyy - yyyy |       |       | [ ] Yes [ ]  No |
| **College** |       |       | yyyy - yyyy |       |       | [ ] Yes [ ]  No |
| **College** |       |       | yyyy - yyyy |       |       | [ ] Yes [ ]  No |
| **Graduate** |       |       | yyyy - yyyy |       |       | [ ]  Yes [ ]  No |
| **Other** |       |       | yyyy - yyyy |       |       | [ ]  Yes [ ]  No |

**SKILLS INFORMATION**

Professional licenses/certifications:  Type:       Issuing State: \_ \_ Expiration Date: mm/dd/yyyy

Type:       Issuing State: \_ \_ Expiration Date: mm/dd/yyyy

Type:       Issuing State: \_ \_ Expiration Date: mm/dd/yyyy

Type:       Issuing State: \_ \_ Expiration Date: mm/dd/yyyy

CPR: [ ] Yes [ ] No Expiration Date: mm/dd/yyyy

**Please rank your experience with each of the following:**

**Program**

Very Proficient

Some Experience

No Experience

Familiar with similar program

QuickBooks Pro [ ]  [ ]  [ ]  [ ]  (specify program)

Adobe Acrobat [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft Word [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft Excel [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft PowerPoint [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft Publisher [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft Access [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft Outlook [ ]  [ ]  [ ]  [ ]  (specify)

Microsoft Office Tools [ ]  [ ]  [ ]  [ ]  (specify)

Internet Chrome (or other [ ]  [ ]  [ ]  [ ]  (specify)

 Web browser)

Google Docs or DropBox [ ]  [ ]  [ ]  [ ]  (specify)

Other: (please list additional computer, database and software or IT skills here)

|  |
| --- |
| **EMPLOYMENT HISTORY INFORMATION**List beginning with your present/last employer and extend back to a maximum of four employers. |
| Employment DatesFrom: Month/YearTo: Month/Year | Company Name | Rate of Pay: $ 00.00 / hour | Duties |
|  | Telephone | Supervisor's Name |  |
|  | Street | Reason for Leaving |  |
| Position / Title | City, State, Zip |  |  |
|  |  |  |  |
| Employment DatesFrom: Month/YearTo: Month/Year | Company Name | Rate of Pay: $ 00.00 / hour | Duties |
|  | Telephone | Supervisor's Name |  |
|  | Street | Reason for Leaving |  |
| Position / Title | City, State, Zip |  |  |
|  |  |  |  |
| Employment DatesFrom: Month/YearTo: Month/Year | Company Name | Rate of Pay: $ 00.00 / hour | Duties |
|  | Telephone | Supervisor's Name |  |
|  | Street | Reason for Leaving |  |
| Position / Title | City, State, Zip |  |  |
|  |  |  |  |
| Employment DatesFrom: Month/YearTo: Month/Year | Company Name | Rate of Pay: $ 00.00 / hour | Duties |
|  | Telephone | Supervisor's Name |  |
|  | Street | Reason for Leaving |  |
| Position / Title | City, State, Zip |  |  |

May we contact your present employer? [ ]  Yes [ ] No

If no, please explain:

Have you ever been fired or asked to resign? [ ]  Yes [ ]  No

If yes, give details:

**Writing Sample:**

Please explain why you are interested in this position and what assets you could bring to it:

(Please enter your essay into this shaded box - 3000 character limit)

*Note to applicants: Please review the full job description before completing the following question.*

Are you capable of performing, with or without reasonable accommodation, the essential functions of the position for which you have applied? [ ]  Yes [ ]  No If no, please explain:

**PROFESSIONAL REFERENCES – please provide professional (work-related) references only**

(1) Name Address/City/Zip

Phone: xxx-xxx-xxxx Relationship Length of Time Known e-mail (optional)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

(2) Name Address/City/Zip

Phone: xxx-xxx-xxxx Relationship Length of Time Known e-mail (optional)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

(3) Name Address/City/Zip

Phone: xxx-xxx-xxxx Relationship Length of Time Known e-mail (optional)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Additional, if desired:

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**APPLICANT’S STATEMENT**

In order that your application may be evaluated properly, it is essential that all information be completed carefully and as accurately as possible. Incomplete applications cannot be accepted. These answers are true and complete to the best of my knowledge. The organization may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in the immediate termination of my employment, if I am a signed employee.

[ ]  I have read the above statement.

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

 Applicant Signature (at Interview) Date (of signature)

[ ]  I understand I may be required to successfully pass a drug screening examination.

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

 Applicant Signature (at Interview) Date (of signature)

**REFERENCE RELEASE OF INFORMATION**

I acknowledge that consideration for this position is contingent on the results of a reference and background check. Therefore, I hereby authorize South Heartland District Health Department to contact any listed employers and other references or any other persons who can verify information. In addition I give my consent for all contacted persons, including employers, to provide information concerning my application, reason for leaving and other information they may have concerning me and I hereby release each such person/organization from any and all liability for claims for damage whatsoever that may result from furnishing information to South Heartland District Health Department.

I acknowledge that I will be asked to provide my Social Security Number and other information for a background check as part of the hiring process for this position at South Heartland District Health Department.

[ ]  I have read the above statements.

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

 Applicant Signature (at interview) Date (of signature)