



An Equal Opportunity Employer

Application for Employment

Employees of Ledge Light Health District and applicants for employment shall be afforded equal opportunity in all aspects of employment regardless of race, color, sex, religion, creed, age, sexual orientation, marital status, national origin, physical or mental disability or any other status protected by law.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please print in ink or type.

Date of application: _____ Position(s) applied for: _____

Name of applicant: _____
Last First Middle

Mailing address: _____
Street City State Zip Code

Telephone number: _____ E-mail Address: _____

Are you legally authorized to work in the United States? Yes No

Note: If you are hired, you will be required to submit proof of legal right to work in the United States.

Are you over 18 years of age? Yes No

Note: If not, your employment is subject to verification that you are of minimum legal age and that you are able to supply any required work permit.

Have you ever been employed here before? Yes No

If yes, give dates and positions: _____

Date you are available for work: _____ Desired Salary Range: _____ per _____

Type of employment desired: Full-Time Part-Time Temporary

Days you are available for work: S M T W T F S

Times you are available for work: morning afternoon evening

Provide the following information regarding your past four (4) employers, assignments or volunteer activities, starting with the most recent.

Employer: _____ City/State: _____

Immediate Supervisor/Title: _____

Telephone/E-Mail Address: _____

Start Date: _____ End Date: _____ May we contact for a reference? Yes No Later

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ per _____ Final Salary: _____ per _____

Reason for Leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Employer: _____ City/State: _____

Immediate Supervisor/Title: _____

Telephone/E-Mail Address: _____

Start Date: _____ End Date: _____ May we contact for a reference? Yes No Later

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ per _____ Final Salary: _____ per _____

Reason for Leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Employer: _____ City/State: _____

Immediate Supervisor/Title: _____

Telephone/E-Mail Address: _____

Start Date: _____ End Date: _____ May we contact for a reference? Yes No Later

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ per _____ Final Salary: _____ per _____

Reason for Leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Employer: _____ City/State: _____

Immediate Supervisor/Title: _____

Telephone/E-Mail Address: _____

Start Date: _____ End Date: _____ May we contact for a reference? Yes No Later

Starting Job Title: _____ Final Job Title: _____

Starting Salary: _____ per _____ Final Salary: _____ per _____

Reason for Leaving: _____

Summarize the nature of work performed and job responsibilities: _____

Do you have any commitments to another employer which might affect your employment with us?

Provide the following information regarding your education.

Name and location of high school: _____

Did you graduate: Yes No If no, do you have your GED? Yes No

Name and location of college/trade school: _____

Did you graduate: Yes No

Number of years completed: _____ Degree awarded: _____

Major/minor/course of study: _____

Name and location of college/trade school: _____

Did you graduate: Yes No

Number of years completed: _____ Degree awarded: _____

Major/minor/course of study: _____

Name and location of college/trade school: _____

Did you graduate: Yes No

Number of years completed: _____ Degree awarded: _____

Major/minor/course of study: _____

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Provide contact information for three (3) professional references who have known you for longer than one (1) year and who we may contact regarding your employment and/or professional qualifications.

Name: _____ Telephone: _____

Mailing address: _____ Years acquainted: _____

E-Mail address: _____ Relationship: _____

Name: _____ Telephone: _____

Mailing address: _____ Years acquainted: _____

E-Mail address: _____ Relationship: _____

Name: _____ Telephone: _____

Mailing address: _____ Years acquainted: _____

E-Mail address: _____ Relationship: _____

DISCLOSURE AND ACKNOWLEDGEMENT OF INTENT TO CONDUCT DRUG TEST

Please be advised that prior to making a decision regarding your hire, the Ledge Light Health District may conduct a urinalysis drug test as part of the application process if required by your job duties and responsibilities. The urinalysis drug test will be performed, according to applicable law, and using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the District or its employees to any person other than any such employee to whom such disclosure is necessary. The results shall be maintained along with other confidential employee records.

I certify by my signature below that I have read and reviewed the “Disclosure and Acknowledgment of Intent to Conduct Drug Test” and that I understand that I may be required to submit to a drug test as part of the application process. I hereby release Ledge Light Health District and any employees/agents thereof, from any and all claims or causes of action resulting therefrom.

Date: _____

Printed Name: _____

Signature: _____

Applicant Statement

I certify that all information on this application and any other material I have provided in order to apply for and secure work with Ledge Light Health District is true, complete and correct. I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, Ledge Light Health District, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions named herein and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Ledge Light Health District, its representatives, employees or agents for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information about me, my work record, habits and performance.

I understand that Ledge Light Health District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that nothing in this employment application, in Ledge Light Health District’s statements or personnel guidelines, or in my communications with any Ledge Light Health District official is intended to create an employment contract between Ledge Light Health District and me. I also understand that Ledge Light Health District has the right to modify its policies without giving me any notice of the change(s). No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Ledge Light Health District unless it is made in writing and signed by the Ledge Light Health District Director of Health, and expressly creates a binding obligation.

If I am hired, I understand Ledge Light Health District is an at-will employer and I am free to resign at any time, with or without cause and without prior notice, and Ledge Light Health District has the same right to

terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I further understand that I have no express or implied contract for continued employment. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Ledge Light Health District is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Ledge Light Health District Director of Health.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Date: _____

Printed Name: _____

Signature: _____