

APPLICATION FOR CONTRACTUAL EMPLOYMENT

Lincoln County Health Department

44 Health Way, Stanford KY 40484

Phone number (606) 365-3106

INFORMATION SHEET

We appreciate your interest in employment with the Lincoln County Health Department. In order to receive full consideration for employment opportunities, an "Application for Contractual Employment" must be completed and received by the advertised date for proper consideration.

Application may be submitted electronically by emailing the completed application to ann.stevens@ky.gov or manually by completing this application, printing, and delivering to **Attention: Personnel, Lincoln County Health Department, 44 Health Way, Stanford KY 40484.**

General Instructions for completing the application for employment:

- Type or print this application clearly in dark ink in its entirety.
- Job Announcements may contain special instructions and requirements.
- **A resume or other application form for this application is not a substitute for this application but may be attached if desired.**
- Write the exact job title as specified on the job announcement.
- If a closing date for filing is shown in the job announcement, your application and any required information, such as a copy of transcript(s) and any other supporting documentation, must be submitted by the date indicated.
- Applications that are received unsigned, incomplete, or after the closing date, shall be eliminated from consideration.

LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

Criminal Conviction/Traffic Violations: Have you ever been convicted of;

- (1) A misdemeanor? Yes No If yes, you must provide the following for **EACH** conviction:
(Use space below for additional convictions)
Conviction: _____ Date: _____ County: _____
- (2) A felony? Yes No If yes, you must provide the following for **EACH** conviction:
(Use space below for additional convictions)
Conviction: _____ Date: _____ County: _____
- (3) A moving traffic violation within the last 5 years? Yes No (Use space below to explain)

AVAILABILITY

You will be asked, if offered employment, to verify that you are a citizen of the United States or provide proof 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 normal work hours? Saturdays, Sundays)? *Some positions may require that you be on call on a rotating basis to provide service after normal 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

High School Graduate

Yes No If no, please indicate highest grade completed:

Passed High School Equivalency Tests/GED Yes

College Graduate Yes No Please indicate the highest level of college completed:

- | | | | |
|--------------------------------------|--|-----------------------------------|-----------------------|
| College Freshman
Associate Degree | College Sophomore
Bachelor's Degree | College Junior
Master's Degree | College Senior
PhD |
|--------------------------------------|--|-----------------------------------|-----------------------|

Are you currently attending school? Yes No

If yes, anticipated graduation or completion date:

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

Name	Location	Dates of Attendance (Month and Year)		Number of Credits		Degree Received (AA, BS, etc.)	Date	Major	Minor
		From	To	Qtr.	Sem.				

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.

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

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 language, etc.

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. The information provided will be used to determine if you meet the minimum requirements of education, training, and experience for the position.

List your present or most recent experience first. List each job (including promotions) separately, even if in the same organization. Under "Description of work" describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. Indicate 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		# Supervised by You
Date Employed (Mo./Year)	Starting Salary: \$		
Date Separated (Mo./Year)	Ending Salary: \$		
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		# Supervised by You
Date Employed (Mo./Year)	Starting Salary: \$		
Date Separated (Mo./Year)	Ending Salary: \$		
Full Time	Hrs/Week	# Years	# Months
Part Time	Hrs/Week	# Years	# Months
Description of Work:			
Reason for Leaving/Wanting to Leave:			

3. Employer		Address		Phone
Job Title		Supervisor's Name and Title		# Supervised by You
Date Employed (Mo./Year)		Starting Salary: \$		
Date Separated (Mo./Year)		Ending Salary: \$		
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		# Supervised by You
Date Employed (Mo./Year)		Starting Salary: \$		
Date Separated (Mo./Year)		Ending Salary: \$		
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		# Supervised by You
Date Employed (Mo./Year)		Starting Salary: \$		
Date Separated (Mo./Year)		Ending Salary: \$		
Full Time	Hrs/Week	# Years	# Months	
Part Time	Hrs/Week	# Years	# Months	
Description of Work:				
Reason for Leaving/Wanting to Leave:				

6. Employer		Address		Phone
Job Title		Supervisor's Name and Title		# Supervised by You
Date Employed (Mo./Year)		Starting Salary: \$		
Date Separated (Mo./Year)		Ending Salary: \$		
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		# Supervised by You
Date Employed (Mo./Year)		Starting Salary: \$		
Date Separated (Mo./Year)		Ending Salary: \$		
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 above 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 LINCOLN COUNTY HEALTH DEPARTMENT. 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:** _____

EMPLOYMENT HISTORY SUPPLEMENTAL-SKILLS

For each skill/task you possess **check those that you have experience** in and **write the years or months accumulated** for each and **write the corresponding number(s) associated** from the employment history section of the application. If you have a skill not listed which you consider important, please write it at the bottom section and indicate the number of years of experience you have.

COMPUTER SKILLS

MS Word
Outlook
Excel
PowerPoint

MAINFRAME/WORK- STATION SOFTWARE *(specify)*

KEYBOARDING SKILLS

Correspondence/Forms/
Newsletters/Manuscripts
Medical/Scientific/Legal
Terminology

OFFICE EQUIPMENT

Photocopy/Fax Machine

RECEPTIONIST/FRONT

DESK/SCHEDULING

Moderate Phone Contact
(3+ hours/day)
Heavy Phone Contact
(6+ hours/day)
Screen/Direct
Volume of Traffic
(/hour)

MAIL

Sort/Screen/Distribute
Date Stamp/Log

FILING

Develop Systems
Maintain Files/Archives

ADDITIONAL SKILLS

Take Minutes

FISCAL OPERATIONS ACCOUNTING/BOOKKEEPING

Accounts Receivable
and/or Payable (system)
Financial Systems
Deposits
Expense Report
Preparation

BUDGET

Collect Data
Proposal Preparation
Prepare Budget
Assist Only
Monitor Expenditures
Contract/Grant Proposals

BILLING AND CASHIERING

Medical Coding & Billing
Billing/Invoicing
Cash Handling

ADMINISTRATION

PURCHASING/INVENTORY

Expenditure Control
Vendor Liaison
Purchase Orders &
Requisitions

PAYROLL *(for # & system used)*

STAFF PERSONNEL

Interpret Policies &
Procedures (P&P)
Develop P&P
Provide Benefits
Counseling

SUPERVISORY SKILLS

of Employees
Interview and Select
Train
Schedule Assignments
Review Work Evaluate
Performance
Take Disciplinary
Action

SURVEY SKILLS

Data Collection
Phone Interviews
In-Person Interviews
Coding

SECONDARY LANGUAGES

Specific
Speak
Write
Translate

ADDITIONAL SKILLS *(list below)*