



Public Health
Prevent. Promote. Protect.

APPLICATION FOR EMPLOYMENT

MONONA COUNTY PUBLIC HEALTH

**610 Iowa Avenue
Onawa, Iowa 51040
712-433-1773**

Instructions:

- Prior to filling out this application, please review the job description for this position by visiting http://www.mononacountypublichealth.org/Career_Opportunities.html. If you have questions, please call 712-433-1773 or email mcphadmin@mononacounty.org.
- Please complete this application, pages 1-6. Be sure to write complete names, addresses, including zip codes, and current telephone numbers for your supervisors and other references so we are able to contact them.
- Send your cover letter, resume and application to 610 Iowa Avenue, Onawa, IA 51040 or email it to mcphadmin@mononacounty.org.

Thank you for your interest in the position. If you are chosen for an interview, you will be contacted by phone or email regarding the date, time and place of the interview.

Today's Date: _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone _____ (day) or _____ (evening) Best time of day to contact you _____

Position applying for:

- Nurse Administrator
 Learning for Life Parent Educator Emergency Preparedness Manager

Your idea of wage desired: _____ (Hourly or annual wage)

How many hours can you work weekly? _____ Can you work evenings or weekends Yes or No _____

Employment desired: FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME _____

How soon could you be available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Specialized Training				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes or No _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

A Criminal Background Check is mandatory for employment as a condition of Hiring.

I, _____, do hereby give Monona County Public Health the authority to do a criminal background check on myself for the purpose of gaining employment.

Signature _____ Date _____

Do you have a valid Iowa nursing license? Yes or No _____

Do you have a current nursing liability/malpractice Insurance policy? Yes or No _____

Do you have a degree in a health administration or health care related field? Yes or No _____

Do you have a driver's license? Yes or No _____ Are you an insured motorist? Yes or No _____

Do you have reliable transportation? _____

Driver's license number: _____ State of issue _____ Expiration date _____

A Driving Record Background Check is mandatory for employment as a condition of Hiring.

I, _____, do hereby give Monona County Public Health the authority to do a driving record background check on myself for the purpose of gaining employment.

Signature _____ Date _____

Do you have personal computer skills? Yes or No _____ Explain _____

Are you proficient in Microsoft Excel, Word, or other software programs? Yes or No _____
Explain _____

Other related skills _____ Other related skills _____

Please list two references (no relatives please): _____

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From _____ To _____	Start _____ Final _____
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From _____ To _____	Start _____ Final _____
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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		From _____ To _____	Start _____ Final _____
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes or No _____

If no, please explain why not:

Monona County Public Health is an Equal Opportunity Employer with no discrimination.

Do you have any medical conditions that would need special considerations for? Yes or No _____

If yes, what are the conditions and your limitations?

JOB APPLICATION CONSENT FORM

In exchange for the consideration of my job application with Monona County Public Health (hereinafter called "MCPH"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give MCPH permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the MCPH from any liability as a result of such contract.

I further understand that continued employment may be based on the successful passing of:

- job-related physical examination (if applicable to position)
- criminal background check (if applicable to position)
- nursing license verification (if applicable to position)
- drivers record check (all positions)

I further understand that my employment with MCPH shall be probationary for a total period of six (6) months. My performance evaluations will be completed at three (3) months and six (6) months, and I further understand that at any time during the probationary period, my employment relation with MCPH may be terminable at will for any reason by either party.

Signature of applicant: _____ **Date:** _____

Thank you for completing this application form and for your interest in joining our agency.

Return your cover letter, resume and application by mail or in person to:

Monona County Public Health; 610 Iowa Avenue; Onawa, IA 51040

OR email these documents to **mcphadmin@mononacounty.org**.