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PUBLIC HEALTH for BETHANY, HAMDEN, NORTH HAVEN, & WOODBRIDGE

APPLICATION FOR EMPLOYMENT

The Quinnipiac Valley Health District is an Equal Opportunity Employer dedicated to a policy of non-discrimination on any basis prohibited by law.

This application constitutes a part of the examination process. It must be completed in full regardless of resumes or other supporting materials attached. Please answer all questions fully and accurately – reference to any attachments is not acceptable. Please be advised, any incomplete, vague or evasive responses may result in either rejected applications, or lower scores upon evaluation.

JOB APPLICATION			
Position:		Date:	
Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Desired:	<input type="checkbox"/> Grant	<input type="checkbox"/> Contractual	

CANDIDATE			
Name:			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address:			
	<i>Street</i>	<i>Town/City</i>	<i>State</i> <i>Zip</i>
Cell Phone:	Date of Birth:		
Email Address:			

Are you either a US Citizen or otherwise legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	License #	
Do you possess a Commercial Driver's License (CDL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	License #	

EDUCATION

School	Address	Graduated?	Degree Awarded
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

MILITARY SERVICE

Branch	Dates Served	Type of Duty	Discharge Rank

EMPLOYMENT HISTORY

Starting with most recent employer, please provide your employment history. Please list all position held, including earned promotions. If more space is required, use additional sheets composed in same manner & attach sheets to application.

Employer:	Phone:		
Address:	<i>Street</i>		
	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
Supervisor:			May we contact? <input type="checkbox"/>
	<i>Name</i>	<i>Title</i>	
Job Titles:			
Employed:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Employment Dates:	Start:	End:	
Duties & Responsibilities:			
Reason for Leaving:			

Employer:	Phone:		
Address:			
	<i>Street</i>	<i>City/Town</i>	<i>State</i> <i>Zip</i>
Supervisor:			May we contact? <input type="checkbox"/>
	<i>Name</i>	<i>Title</i>	
Job Titles:			
Employed:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Employment Dates:	Start:	End:	
Duties & Responsibilities:			
Reason for Leaving:			

Employer:	Phone:		
Address:			
	<i>Street</i>	<i>City/Town</i>	<i>State</i> <i>Zip</i>
Supervisor:			May we contact? <input type="checkbox"/>
	<i>Name</i>	<i>Title</i>	
Job Titles:			
Employed:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Employment Dates:	Start:	End:	
Duties & Responsibilities:			
Reason for Leaving:			

REFERENCES

Please provide three professional references able to speak on your employment history

Name	Address	Phone	Email	Relationship

SPECIALIZED TRAINING & SKILLS

List any special qualifications or experiences of note which you feel may qualify you for the position for which you are applying (include licenses, certifications, areas of research, professional memberships, seminars and special awards).

COMPUTER SKILLS

List any computer/software proficiencies

ADDITIONAL INFORMATION

Please use this space to provide any additional information you deem important to support your candidacy & qualifications for this position

CERTIFICATION

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements & answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced.

2. *I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process*

3. *I give my consent to the District to check with personal references, previous employoers and educational institutions concerning my past employment and personal history including driving and criminal records*

4. *I release the District, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history*

5. *The acceptance of this application does not constitute an employment agreement. In the event I am employed by the District, I agree to comply with all of its orders, rules and regulations*

6. *Proof of citizenship or employment eligibility in accordance with the Immunization and Reform and Control Act of 1986 will be required at time of appointment*

7. *The District reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDLs will become participants in the District's Drug and Alcohol Testing Program.*

I hereby acknowledge that I have read the above statements

Signature

Name (Print)

Date

How did you hear about his position?

- Website (QVHD, LinkedIn, etc)
- Newsletter/Email notice
- Professional association
- University or College
- Word of mouth
- Other



Voluntary Affirmative Action Questionnaire

Position Applied:										
Sex:		<input type="checkbox"/>	Female				<input type="checkbox"/>	Male		
Age:	<input type="checkbox"/>	16 or less	<input type="checkbox"/>	17 - 25	<input type="checkbox"/>	26-40	<input type="checkbox"/>	41-65	<input type="checkbox"/>	66 or older
Race / Ethnicity	<input type="checkbox"/>	Caucasian/ White	<input type="checkbox"/>	African American/ Black	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	American Indian/ Native Alaskan	<input type="checkbox"/>	Asian / Pacific Islander

<input type="checkbox"/> I certify that the above information is correct		
<i>Signature</i>	<i>Name (Print)</i>	<i>Date</i>