



Public Health
Prevent. Promote. Protect.

APPLICATION FOR EMPLOYMENT

MONONA COUNTY PUBLIC HEALTH

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

Instructions:

- Please review the job description that was sent to you with this requested application, if you have questions you may call 712-433-1773 or email mcphns@longlines.com.
- Please complete this application, pages 1-6. You may attach your resume, however, be sure it answers all of the questions on the application.
- Be sure to write complete name, addresses, including zip codes, and a current telephone for your supervisors and other references so we are able to contact them.
- Address your computer skills and familiarity with basic business software programs.
- **Sign the Job Application Consent Form on page 6.**
- Return your application to the address above by mail or in person (in the Monona County courthouse annex basement) or return the fillable PDF as an attachment to an email to: mcphns@longlines.com.

Thank you for your interest in the position we currently have advertised. 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
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How long _____

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

Position applied for: _____

- | | |
|--|--|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Early Childhood Parent Educator | <input type="checkbox"/> Early Childhood HV Supervisor |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Emergency Preparedness |

Your idea of salary desired _____ (Be specific)

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 other than relatives or previous employers.

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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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.

May we contact your present employer? Yes or No _____

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 this application by mail or in person to:

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

OR use the fillable PDF form and send it as an attachment to an email to:

mcphfinance@mononacounty.org