



# GWINNETT, NEWTON, AND ROCKDALE COUNTY HEALTH DEPARTMENTS

## APPLICATION FOR EMPLOYMENT

Daytime Telephone Number		E-mail Address		
Last Name		First Name		Middle Init.
Street or Mailing Address				Apartment No.
City		State	Zip Code	County

**EMPLOYMENT ELIGIBILITY:** To be employed by Gwinnett, Newton, and/or Rockdale County Health Departments, you must meet certain employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by Gwinnett, Newton, or Rockdale County Health Departments, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been dismissed from any government position? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation
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**TYPE OF WORK:** Job title and job code are required. These can be found on the job posting/description.

Specific Job Title Sought	Job Code	Specific Job Title Sought	Job Code
1.		2.	

### EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	# of Months	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date (Mo/Yr):					
COLLEGE/UNIVERSITY ATTENDED		CREDIT RECEIVED		FIELD/AREA OF CONCENTRATION				TYPE OF DEGREE	DATE DEGREE COMPLETED
NAME	CITY and STATE	Qtr Hrs	Sem Hrs	Major	Hrs	Minor	Hrs	(BA/BS/MA/PhD)	(Mo./Yr.)

### GEORGIA LICENSES AND CERTIFICATIONS:

TYPE OF LICENSE / CERTIFICATE	LICENSE / CERTIFICATION NUMBER	EXPIRATION DATE (Mo / Yr)	SPECIALIZATION / ENDORSEMENTS

### CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

By signing below, I certify/confirm that my application, resume, and any document enclosed as part of submission for the job is accurate and complete to the best of my knowledge. I understand that employers will verify the information provided. I further understand that omitting or providing false information on this form, or any other subsequent application materials, will be sufficient reason to disqualify me from consideration for employment, or immediate dismissal if I am employed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WORK HISTORY:** Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs, describe each separately. Describe in detail your specific responsibilities beginning with your primary duties. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. You may submit a resume to further document your work background if the space below is not sufficient. Your resume is in addition to the information below and does not replace this application.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
Related Computer Skills:					

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number
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Describe in detail your job duties.					
Related Computer Skills:					

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The State of Georgia provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics. In addition to federal law requirements, the State of Georgia complies with applicable state laws governing nondiscrimination in employment in every location in which the State of Georgia has facilities. This applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

**The information you provide in this section is optional.** The information will be used by state agencies to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia and for no other reason. Your answers will not be used against you in any way.

Ethnic Background (Check One):		Gender
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> Male
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Female
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> I prefer not to answer
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> I prefer not to answer	

For Agency Use

**Veteran's Preference:** The laws of the State of Georgia afford some degree of preference to veterans in certain initial employment decisions. If you believe you belong to any of the categories of veterans listed below and have not been dishonorably discharged, please indicate by checking the appropriate box below. DD214 and/or other supporting documents will be required.

- |   |   |
|---|---|
| <input type="checkbox"/> VETERAN: DD214 showing dates of service and type of discharge.   | <input type="checkbox"/> DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report   |
| <input type="checkbox"/> DISABLED VETERAN: DD124; certificate of service-connected disability (at least 10%) from the V.A. dated within the last 6 months | <input type="checkbox"/> DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability). |

### How Did You Hear About This Job:

- |  |   |
|--|---|
| <input type="checkbox"/> Walk In               | <input type="checkbox"/> Other Internet Site      |
| <input type="checkbox"/> Newspaper             | <input type="checkbox"/> Employee Referral        |
| <input type="checkbox"/> College/University    | <input type="checkbox"/> DOL Career Center        |
| <input type="checkbox"/> State Agency Web Site | <input type="checkbox"/> team.georgia.gov/careers |
| <input type="checkbox"/> Technical School      | <input type="checkbox"/> Other: _____             |

**Gwinnett, Newton, and Rockdale County Health Departments**  
**2570 Riverside Parkway**  
**Lawrenceville, GA 30046-0897**  
**www.GNRHealth.com**