

# Angelina County and Cities Health District



**503 Hill St. Lufkin 936.632.1139**  
**EQUAL OPPORTUNITY EMPLOYER**

<b>POSITION FOR WHICH YOU ARE APPLYING FOR:</b>	<b>DATE:</b>
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<b>PERSONAL INFORMATION</b> PLEASEWRITE CLEARLY AND ANSWER ALL QUESTIONS
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LAST NAME:	FIRST NAME	MIDDLE INITIAL
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ARE YOU KNOWN TO EMPLOYERS/REFERENCES/SCHOOLS BY ANOTHER NAME?  YES  NO *IF YES, NAME:*

ADDRESS:	CITY:	STATE:	ZIP:
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CONTACT NUMBER 1:	CONTACT NUMBER 2:
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DRIVERS LICENSES NUMBER:	STATE:	SOCIAL SECURITY NUMBER:
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HAVE YOU WORKED FOR ANGELINA COUNTY & CITIES HEALTH DISTRICT PREVIOUSLY?  YES  NO  
*IF YES, WHEN AND FOR WHICH DEPARTMENT:*

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO *IF YES, EXPLAIN:*

HAVE YOU EVER HAD ANY TRAFFIC VIOLATIONS?  YES  NO *IF YES, EXPLAIN:*

**NOTE: INFORMATION REGARDING CONVICTION RECORDS WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.**

<b>EDUCATIONAL BACKGROUND</b> <i>TRANSCRIPTS REQUIRED WITH APPLICATION</i>
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TYPE	NAME & LOCATION	# OF YRS. COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL OR CERTIFICATE PROGRAM				
NURSING SCHOOL				

<b>WORK EXPERIENCE</b> <i>LIST YOUR LAST THREE EMPLOYERS POSITIONS, STARTING WITH THE MOST RECENT. ATTACH A SUPPLEMENT EMPLOYMENT APPLICATION PAGES IF YOU WANT TO INCLUDE MORE POSITIONS.</i>
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EMPLOYER:	PHONE NUMBER:
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ADDRESS:	CITY:	STATE:	ZIP:
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START DATE:	END DATE:	SUPERVISOR:
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TITLE:	ENDING PAY: PER	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
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JOB DUTIES:

REASON FOR LEAVING:	LARGEST NUMBER OF PEOPLE SUPERVISED
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EMPLOYER:	PHONE NUMBER:
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ADDRESS:	CITY:	STATE:	ZIP:
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START DATE:	END DATE:	SUPERVISOR:
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TITLE:	ENDING PAY: PER	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
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JOB DUTIES:

REASON FOR LEAVING:		LARGEST NUMBER OF PEOPLE SUPERVISED	
EMPLOYER:		PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
START DATE:	END DATE:	SUPERVISOR:	
TITLE:	ENDING PAY: PER	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
JOB DUTIES:			
REASON FOR LEAVING:		LARGEST NUMBER OF PEOPLE SUPERVISED	
<b>OTHER WORK EXPERIENCE</b>			
<small>ACCOUNT FOR ALL EMPLOYMENT IN THE LAST 10 YEARS.</small>			
NAME OF COMPANY AND ADDRESS		POSITION HELD	DATES EMPLOYED
<b>VOCATIONAL LICENSES/REGISTRATIONS</b>			
<small>ATTACH COPY OF DOCUMENTATION</small>			
TYPE	LICENSE/REGISTRATION NUMBER	ISSUING AUTHORITY	DATE ISSUED
<b>COMPUTER SKILLS</b>			
<small>NAME HARDWARE AND SOFTWARE</small>			
<b>SUPPLEMENTAL WORK EXPERIENCE</b>			
<b>REFERENCES</b>			
<small>INCLUDE SUPERVISORS AND PERSON WE MAY CONTACT TO VERIFY YOUR PERFORMANCE AND QUALIFICATIONS.</small>			
NAME:		CONTACT NUMBER:	
MAILING ADDRESS:			
OCCUPATION:	ORGANIZATION:	SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:		CONTACT NUMBER:	
MAILING ADDRESS:			
OCCUPATION:	ORGANIZATION:	SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME:		CONTACT NUMBER:	
MAILING ADDRESS:			
OCCUPATION:	ORGANIZATION:	SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>AFFIRMATION</b>			
<p>I affirm that the facts set forth above in my application for employment are true; correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.</p> <p>I understand that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information or erroneous information provided in any part of the employment process would be sufficient cause for discharge. I agree that the employing agency may, at its sole discretion, provide compensatory time off in lieu of overtime pay if I were employed in a nonexempt position and if there were no existing agreement to the contrary.</p>			
APPLICANT SIGNATURE:			DATE:

