



SCOTT W. LINDQUIST, MD, MPH, DIRECTOR
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 (360) 337-5235

EMPLOYMENT APPLICATION

The Kitsap County Health District is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, sexual orientation, veteran status, disability status,* or any other basis prohibited by federal, state, or local law.

**Applicants requesting reasonable accommodation to participate in the application/selection process because of a disability must notify the Health District Human Resources Office in advance.*

Note: This application form must be completed in its entirety and signed to be considered for employment with the Kitsap County Health District. Information submitted on the application is subject to verification. A completed application must be submitted for each vacant position for which you are applying. Photocopies are acceptable.

Position Applied For	Date Available
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GENERAL INFORMATION

Last Name	First Name	Middle Name or Initial	
Mailing Address	City	State	Zip Code
Home Phone with Area Code	Work Phone with Area Code	Cell Phone Number (optional)	
Email Address (optional)			
Type of Employment Desired:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary
Are you legally authorized to work in the United States, either because you are a United States citizen, or because your visa or immigration status authorizes legal employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
After reviewing the job announcement, can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to or residing with any current employee of the Kitsap County Health District? If yes, name of the employee and relationship:			<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSES/CERTIFICATES

Valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing State	
List any professional licenses or certifications that you hold which relate to the position for which you are applying (examples include RN, LPN, PE, CPA, MCSE, RS, etc.)	Issuing State	Date Received	Expiration Date

EDUCATION/TRAINING

High School			
Name of School	Location (City & State)	Graduated/G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	
College, University or Professional, Technical, Trade or Vocational School (Transcripts May Be Required)			
Name of School	Location (City & State)	Credits/Hours	Dates Attended (Mo/Yr) to
Major	Degree Title	Degree or Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School	Location (City & State)	Credits/Hours	Dates Attended (Mo/Yr) to
Major	Degree Title	Degree or Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School	Location (City & State)	Credits/Hours	Dates Attended (Mo/Yr) to
Major	Degree Title	Degree or Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School	Location (City & State)	Credits/Hours	Dates Attended (Mo/Yr) to
Major	Program Title	Degree or Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS

List other job related skills or training you possess, including fluency in language(s) other than English, etc.	
Computer Software - Indicate skill level (basic, intermediate or advanced) for each application	
Other Related Skills or Training	Typing (wpm)

PROFESSIONAL REFERENCES

List those who are familiar with your work experience.	
1. Name, Title	Current Phone Number
Organization/Business	Email Address
2. Name, Title	Current Phone Number
Organization/Business	Email Address
3. Name, Title	Current Phone Number
Organization/Business	Email Address

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years. If additional space is necessary, please attach a separate sheet using the same format as on the application form. In evaluating your qualifications, preference will be given to experience during that period. However, if you feel that your work experience beyond 10 years is important, please include it. Include any periods of self-employment, military service, and any job-related volunteer experience. Provide an explanation of any gaps in employment. If more than one position has been held with the same employer, list each separately. Resumes are acceptable only for the description of duties section.

Job Title			Dates Employed (Mo/Yr to Mo/Yr or Present)
Employer			Supervisor's Name
Employer's Address, City, State, Zip			Supervisor's Title
Type of Business/Agency			Supervisor's Phone Number
Hours Per Week	# Employees Supervised	Ending Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first

Duties:

Reason for leaving or considering change:

Job Title			Dates Employed (Mo/Yr to Mo/Yr)
Employer			Supervisor's Name
Employer's Address, City, State, Zip			Supervisor's Title
Type of Business/Agency			Supervisor's Phone Number
Hours Per Week	# Employees Supervised	Ending Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first

Duties:

Reason for leaving:

Job Title		Dates Employed (Mo/Yr to Mo/Yr)	
Employer		Supervisor's Name	
Employer's Address, City, State, Zip		Supervisor's Title	
Type of Business/Agency		Supervisor's Phone Number	
Hours Per Week	# Employees Supervised	Ending Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first
Duties:			
Reason for leaving:			
Job Title		Dates Employed (Mo/Yr to Mo/Yr)	
Employer		Supervisor's Name	
Employer's Address, City, State, Zip		Supervisor's Title	
Type of Business/Agency		Supervisor's Phone Number	
Hours Per Week	# Employees Supervised	Ending Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first
Duties:			
Reason for leaving:			
Job Title		Dates Employed (Mo/Yr to Mo/Yr)	
Employer		Supervisor's Name	
Employer's Address, City, State, Zip		Supervisor's Title	
Type of Business/Agency		Supervisor's Phone Number	
Hours Per Week	# Employees Supervised	Ending Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first
Duties:			
Reason for leaving:			

BACKGROUND INFORMATION

Name(s) During Employment if Different from Present
Name(s) During Education if Different from Present
Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you been convicted of or plead guilty to any crime which might have some bearing on your qualifications and fitness to accept duties and responsibilities of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the nature of the offense, date, court, and description:
<i>Note: Although the District may investigate criminal convictions that relate to fitness to perform the job for which you are applying, a conviction record does not necessarily constitute an automatic disqualification from employment.</i>

VETERAN'S SCORING CRITERIA

Per RCW 41.04.010 certain veterans are eligible for Veteran's Scoring Criteria. Do you meet the criteria and claim Veteran's Scoring Criteria as defined in RCW 41.04.005? If yes, you must attach a DD-214 as proof of eligibility. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever obtained employment utilizing veteran's preference/scoring criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving any military retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the selection process does not include a standardized competitive examination, Veteran's Scoring Criteria does not apply.

APPLICANT STATEMENT

<ul style="list-style-type: none">• I hereby certify, under penalty of perjury under the laws of the State of Washington, that this application contains no willful misrepresentation and that the information given is true, complete, and correct to the best of my knowledge and belief. I also declare that I have not omitted any information called for by this application. I understand that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.• I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the interests of the Health District.• I expressly authorize, without reservation, the Kitsap County Health District, its representatives, employees, or agents, to investigate all statements in my application materials and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the District from any and all liability arising from their giving or receiving information about my employment history, to include my job performance, discipline, and attendance, my academic credentials or qualifications, and my suitability for employment with the District.• In the event of my employment with the Kitsap County Health District, I will comply with all rules, regulations, and policies set forth in the District's policies, Personnel Rules, or other communications distributed by the District.• I understand employment is not guaranteed and, if hired, that either party may terminate the relationship, within the acceptable parameters of the District's Personnel Rules, policies, and any applicable collective bargaining agreement.• I have read, fully understand, and accept all terms of the above Applicant Statement. <p style="margin-top: 20px;">Applicant's Name (Print): _____</p> <p style="margin-top: 20px;">Applicant's Signature: _____ Date: _____</p>
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This application will be used for this job posting only.
A separate application is necessary for each job you are applying for with the Health District.
The Kitsap County Health District is a drug-free, tobacco-free workplace.



EQUAL EMPLOYMENT OPPORTUNITY

The Kitsap County Health District is an Equal Opportunity Employer. To help us comply with record keeping, reporting, and other legal requirements, please complete the survey section below. Providing this information is optional and entirely voluntary. This information will be kept in a confidential file separate from the application form and will not be used in the evaluation of your application.

Applicant name: _____

Job title applied for: _____

Sex: Male Female

Age 40 or over? Yes No

Race: Please check the appropriate designation. You may only check one designation.

- White** (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black/African American** (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic/Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian/Alaska Native** (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including Central America), and who maintain a tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino

Disability: A person has a disability if he or she has a sensory, mental, or physical impairment that is medically cognizable or diagnosable; the impairment must have a substantially limiting effect upon the person's ability to perform his or her job, the person's ability to apply or be considered for a job, or the person's access to equal benefits, privileges, or terms or conditions of employment.

Do you meet this definition? Yes No

How did you learn of this employment opportunity? Please indicate specific publication(s) or Website(s) if applicable. _____