



**NORTHEAST TEXAS PUBLIC HEALTH DISTRICT**  
**P.O. BOX 2039**  
**TYLER, TX 75710**

**APPLICATION FOR EMPLOYMENT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, DISABILITY OR NATIONAL ORIGIN.

**EMPLOYMENT DESIRED:**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_  
TYPE OF EMPLOYMENT: FULL-TIME  PART-TIME  SUMMER  TEMPORARY  VOLUNTEER   
ARE YOU EMPLOYED NOW? YES  NO  IF SO, CAN WE CONTACT YOUR PRESENT EMPLOYER? YES  NO   
HAVE YOU EVER APPLIED TO THE NORTHEAST TEXAS PUBLIC HEALTH DISTRICT BEFORE? YES  NO   
WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

**PERSONAL INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TELEPHONE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

**EDUCATION:**

HIGH SCHOOL ATTENDED AND LOCATION: \_\_\_\_\_  
No. of Years Completed: \_\_\_\_ Did you Graduate? YES  NO   
COLLEGE ATTENDED AND LOCATION: \_\_\_\_\_  
No. of Years Completed: \_\_\_\_ Did you Graduate? YES  NO  Degree: \_\_\_\_\_  
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL ATTENDED: \_\_\_\_\_  
No. of Years Completed: \_\_\_\_ Did you Graduate? YES  NO

**GENERAL:**

SPECIAL COURSES OR TRAINING: \_\_\_\_\_  
EXPERIENCE/SKILLS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

**OFFICE/SECRETARIAL APPLICATIONS:**

TYPING: YES  NO  YEARS OF EXPERIENCE: \_\_\_\_ WORDS PER MINUTE: \_\_\_\_  
SHORTHAND: YES  NO  YEARS OF EXPERIENCE: \_\_\_\_ WORDS PER MINUTE: \_\_\_\_  
WORD PROCESSING: YES  NO  YEARS OF EXPERIENCE: \_\_\_\_ WORDS PER MINUTE: \_\_\_\_  
SOFTWARE: \_\_\_\_\_  
LIST SECRETARIAL TRAINING COURSES OR ANY OTHER TRAINING WHICH MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITION FIRST):**

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ YOUR POSITION: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
NAME AND POSITION OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:**

\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_