

TULSA CITY-COUNTY HEALTH DEPARTMENT EMPLOYMENT APPLICATION

Equal Opportunity Employer



**TULSA HEALTH
DEPARTMENT**

Please answer all questions starting with name and address.
Due to high volume of applications, only applicants selected for an interview will be contacted.

PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE
STREET ADDRESS			CITY	STATE	ZIP
POSITION FOR WHICH APPLICATION IS MADE					DAYTIME PHONE NO. ()
HOME PHONE NO. ()					
HOW LONG HAVE YOU LIVED IN TULSA?	HAVE YOU EVER BEEN CONVICTED OF A FELONY? (A yes answer is not an automatic disqualification) <input type="checkbox"/> NO <input type="checkbox"/> YES, please list:			DATE OF CONVICTION	CITY/STATE
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO LICENSE NO. _____ STATE _____ EXPIRES _____					
ARE YOU A CITIZEN OF THE USA? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT A U.S. CITIZEN, ARE YOU CURRENTLY LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

WORK INTEREST

TYPE OF WORK FOR WHICH APPLICATION IS MADE: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time		SALARY EXPECTED:	
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		WOULD YOU BE ABLE TO WORK OVERTIME, SHIFT-WORK, OR CALLBACK IF THE POSITION REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERRED BY: NAME OF OUR EMPLOYEE:		DO YOU HAVE RELATIVES WORKING FOR TULSA HEALTH DEPT? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHO / RELATIONSHIP / DEPT?	
NAME OF PUBLICATION, PERSONNEL AGENCY OR OTHER:			

EDUCATION

LIST ALL SCHOOLS ATTENDED	NAME AND ADDRESS OF SCHOOL	FROM Mo/Yr	TO Mo/Yr	GRADUATED (Yes or No) DATE	DEGREE	CREDIT HOURS COMPLETED	MAJOR	GPA
College or University								
College or University								
College or University								
Graduate School								
Business or Technical								
HIGHEST GRADE COMPLETED IN SCHOOL: DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED Equivalent				NAME OF HIGH SCHOOL & CITY/STATE:				

MILITARY SERVICE

BRANCH OF MILITARY SERVICE	TYPE OF DISCHARGE	DATE BEGINNING ACTIVE DUTY	DATE RELEASED FROM ACTIVE DUTY
MEMBER OF RESERVES OR NATIONAL GUARD <input type="checkbox"/> NO <input type="checkbox"/> YES If YES: <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby Reserve			



APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED. ADDITIONAL INFORMATION MAY BE ATTACHED.

EMPLOYMENT HISTORY – Begin with present position.

DATES		EMPLOYER	SALARY	JOB TITLE AND DUTIES OF JOB	REASON FOR LEAVING
From:	To:		Start:		
Address:			Final:		
Phone No. ()					
Supervisor's Name & Title:					
From:	To:		Start:		
Address:			Final:		
Phone No. ()					
Supervisor's Name & Title:					
From:	To:		Start:		
Address:			Final:		
Phone No. ()					
Supervisor's Name & Title:					
From:	To:		Start:		
Address:			Final:		
Phone No. ()					
Supervisor's Name & Title:					
From:	To:		Start:		
Address:			Final:		
Phone No. ()					
Supervisor's Name & Title:					

SPECIALIZED SKILLS

TYPES OF EQUIPMENT	YES	NO	EXAMPLES OF TASKS PERFORMED
Keyboarding/ Data Entry			WPM:
Shorthand			WPM:
10-Key by Touch			
Software			<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> Others (List)
Other:			
Other:			
Bilingual:			<input type="checkbox"/> Spanish <input type="checkbox"/> Other (List)

TERMS OF EMPLOYMENT

I hereby authorize Tulsa City-County Health Department to obtain from my former employers, schools, references given, and from public records all data needed to support this application, and I release Tulsa City-County Health Department from liability for receiving or using information obtained. I certify that the application statements are true, to the best of my knowledge, and I agree that any misstatement or omission of material fact is grounds for unfavorable consideration of my application or dismissal from employment. I consent to, and agree that failure to pass a criminal history check, a possible motor vehicle check, and a drug test will cause any offer of employment to be withdrawn.

YOU MAY CONTACT MY PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT SIGNATURE	DATE
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TULSA CITY-COUNTY HEALTH DEPARTMENT

5051 South 129th East Avenue - Tulsa, Oklahoma 74134-7004
(918) 582-9355
EOE

CONFIDENTIAL STATISTICAL FORM

Title VII of the Civil Rights Act of 1964, The Equal Employment Opportunity Act of 1972, Oklahoma Statutes, and related state and federal regulations require statistics to be compiled. The information below is requested in order to comply with government regulations and the Tulsa City-County Health Department's Affirmative Action responsibilities. Supplying the information is voluntary.

Name _____ Date of Birth ____/____/____

Address: _____
Street City State Zip

Sex: Male Female

Job Classification for which you are applying _____

RACE OR ETHNIC GROUP: (check one)

- ___ Hispanic or Latino
- ___ White (not Hispanic or Latino)
- ___ Black or African American (not Hispanic or Latino)
- ___ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- ___ American Indian or Alaska Native (not Hispanic or Latino)
- ___ Asian (not Hispanic or Latino)
- ___ Two or More Races (not Hispanic or Latino)

MILITARY SERVICE: (check those that apply)

- ___ I have served in the U.S. Military.
- ___ I am a Veteran of the Vietnam Era.
- ___ I am a Disabled Veteran.
- ___ I have not served in the Military.

Signature

Date

This form will be used by the Human Resources Office for statistical purposes only and will not become a part of your personnel records.

