



**Paris-Lamar County Health District**

400 West Sherman Street, Paris, Texas 75460-5646

Health District: (903) 785-4561

Health District Fax: (903) 737-0978

Women, Infant and Children (WIC): (903) 784-1411

WIC Fax: (903) 784-1442

[www.parislamarhealth.com](http://www.parislamarhealth.com)

**An Equal Opportunity Employer**

The Paris-Lamar County Health District does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

*Please Use Black Ink or Type*

Date \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Salary expected: \_\_\_\_\_

Name \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Middle (Maiden) Last

Any Other Names You Have Gone By & When / Any Other Names You Have Gone By & When / Any Other Names You Have Gone By & When /

Street Address

City State Zip Code

E-mail Address

Home Telephone Number Cell Telephone Number

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Have you ever worked for the Paris-Lamar County Health District before?

No  Yes  if yes, When: \_\_\_\_\_ Job Title: \_\_\_\_\_

Have you or your spouse ever had any relatives work for the Paris-Lamar County Health District? No

Yes  if yes, Name of relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ When: \_\_\_\_\_

How did you learn about the position for which you are applying?

Have you ever plead nolo contendere or been convicted of a crime, or received deferred adjudication, or been placed on pre-trial diversion for a crime in a civilian or military court?

No  Yes  if yes, Explain: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Are you legally authorized to accept employment in this country? Yes  No

Date you can begin work: \_\_\_\_\_ Smoker  Non-Smoker

List computer software skills: \_\_\_\_\_

List any equipment or office machines you operate skillfully: \_\_\_\_\_

List languages you speak fluently: \_\_\_\_\_

Typing words per minute: \_\_\_\_\_

Driver's License no.: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Type: \_\_\_\_\_

Do you have adequate transportation to get to work on time each day? Yes  No

Will you work overtime whenever scheduled or requested? Yes  No

Can you work some weekends, if requested? Yes  No

Will you accept part-time work? Yes  No

Will you accept temporary work? Yes  No

Have you ever been discharged from a job or asked to resign? Yes  No

Are you willing to take a complete physical examination & drug screen at the Paris-Lamar County Health District's expense, if you are selected for a position? Yes  No

Veteran? Yes  No  Reserve Status \_\_\_\_\_ Date Discharged \_\_\_\_\_

Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Honorably Discharged? Yes  No

Will you need to attend any summer camps? No  Yes  If yes, how many weeks? \_\_\_\_\_

School	Institution	Dates	Graduate	Date of Degree	Average Grades	Areas of Study
Grade School	Name: Address:		Y or N			
High School / GED	Name: Address:		Y or N			
College	Name: Address:		Y or N			
Graduate School	Name: Address:		Y or N			
Other	Name: Address:		Y or N			

Give employment record completely starting with your present or last employer. For any periods of unemployment or self-employment, show dates and locations.

Will a resume also be attached?

Yes

No

Company Name:	Address	Dates	Time Worked
1.	Street: City: State:                      Zip:	From:  To:	Years:  Months:
Supervisor:	Briefly Explain Your Duties:	Reason For Leaving:	Pay Rate:
Name:  Title:  Phone #:			Starting:  Final:

Company Name:	Address	Dates	Time Worked
2.	Street: City: State:                      Zip:	From:  To:	Years:  Months:
Supervisor:	Briefly Explain Your Duties:	Reason For Leaving:	Pay Rate:
Name:  Title:  Phone #:			Starting:  Final:

Company Name:	Address	Dates	Time Worked
3.	Street: City: State:                      Zip:	From:  To:	Years:  Months:
Supervisor:	Briefly Explain Your Duties:	Reason For Leaving:	Pay Rate:
Name:  Title:  Phone #:			Starting:  Final:

(Cont.)

Give employment record completely starting with your present or last employer. For any periods of unemployment or self-employment, show dates and locations.

Company Name:	Address	Dates	Time Worked
4.	Street: City: State:                      Zip:	From:  To:	Years:  Months:
Supervisor:	Briefly Explain Your Duties:	Reason For Leaving:	Pay Rate:
Name:  Title:  Phone #:			Starting:  Final:

Company Name:	Address	Dates	Time Worked
5.	Street: City: State:                      Zip:	From:  To:	Years:  Months:
Supervisor:	Briefly Explain Your Duties:	Reason For Leaving:	Pay Rate:
Name:  Title:  Phone #:			Starting:  Final:

Company Name:	Address	Dates	Time Worked
6.	Street: City: State:                      Zip:	From:  To:	Years:  Months:
Supervisor:	Briefly Explain Your Duties:	Reason For Leaving:	Pay Rate:
Name:  Title:  Phone #:			Starting:  Final:

Insert an additional sheet if more employment history is needed to be listed.

The answers to the foregoing questions are true and correct to the best of my knowledge. I hereby give authorization to the Paris-Lamar County Health District to contact my past employers, and I do hereby authorize and consent to all such past employers releasing any and all information concerning my employment with them including but not limited to my job performance and personal habits and demeanor.

**My present employer ( ) may ( ) may not be contacted. (Check correct response).** I hereby give permission for the Paris-Lamar County Health District to release any information in my personnel file to prospective employers. A false or misleading response or incomplete employment history on this application may result in disqualification from employment or termination. I understand and am in agreement that prior to a job offer being made; the Paris-Lamar County Health District may conduct a criminal background check, credit history check, and request I pass a complete physical examination and drug screen.

(X) \_\_\_\_\_  
Signature of Applicant Date

**Comments and/or Additional Information:**

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**References:**

1. \_\_\_\_\_ Telephone # \_\_\_\_\_
2. \_\_\_\_\_ Telephone # \_\_\_\_\_
3. \_\_\_\_\_ Telephone # \_\_\_\_\_
4. \_\_\_\_\_ Telephone # \_\_\_\_\_
5. \_\_\_\_\_ Telephone # \_\_\_\_\_
6. \_\_\_\_\_ Telephone # \_\_\_\_\_