

Mahoning County Public Health
50 Westchester Drive
Youngstown, Ohio 44515
(330) 270-2855

APPLICATION FOR EMPLOYMENT
(Please Print)

DATE _____

I. PERSONAL INFORMATION:

NAME _____
Last First Middle

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ PHONE NO. (____) _____ - _____

POSITION YOU ARE APPLYING FOR: _____

ARE YOU INTERESTED IN:

FULL-TIME PERMANENT WORK? YES _____ NO _____

PART-TIME WORK? YES _____ NO _____

II. EDUCATION AND TRAINING:

Total number of years of education, including primary school: _____

Highest academic degree or level attained: _____

Name and address of school, college or university _____
where degree attained. If no degree, last school _____
attended. _____

Major subject area for graduate degree, if any: _____

Major subject area for graduate study without a degree, if any: _____

Major subject area for undergraduate degree, if any: _____

Minor subject area(s) for undergraduate degree, if any: _____

PROFESSIONAL LICENSES/CERTIFICATIONS/REGISTRATIONS

License/Certification/ Registration Title	Date Obtained	Number
_____	_____	_____
_____	_____	_____

III. WORK EXPERIENCE:

In the areas below, please begin with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. Note: A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment From: Mo. _____ Yr _____ To: Mo. _____ Yr _____

Reason for leaving _____

Position (job title and classification) _____

Duties Performed _____

May we contact your former employers? Yes _____ No _____

IV. MISCELLANEOUS

	YES	NO
1. Do you currently have a valid driver's license?	_____	_____
2. If necessary, can you supply your own transportation for work use?	_____	_____
3. Have you ever been employed with a governmental entity or political subdivision in the State of Ohio?	_____	_____
4. Can you perform the job-related requirements of the specific job for which you are applying?	_____	_____

If you answered "YES" to question 3 or "NO" to question 4, please explain fully below, indicating by number to which question you are responding.

CERTIFICATION

The answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand that a criminal background check, driving record check, and drug test may be required, and I give my consent for these checks/tests to be performed.

SIGNATURE OF APPLICANT

Revised: 12/1/2025