

EXPERIENCE

Use this section to list all work experience starting with current employment or most recent if not currently employed. Indicate appropriate volunteer experience. **Be as complete as possible when outlining the duties of each position. Failure to do so may affect the credit you receive for experience.**

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City: State:	
Supervisor: Phone #:	
Supervisor's Title:	
Employed From: (Mo./Yr.) To: (Mo./Yr.)	
Starting Salary: \$ Final: \$ Avg. hrs./wk.	
Reason for Leaving:	
Number of Employees Supervised:	

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City: State:	
Supervisor: Phone #:	
Supervisor's Title:	
Employed From: (Mo./Yr.) To: (Mo./Yr.)	
Starting Salary: \$ Final: \$ Avg. hrs./wk.	
Reason for Leaving:	
Number of Employees Supervised:	

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City: State:	
Supervisor: Phone #:	
Supervisor's Title:	
Employed From: (Mo./Yr.) To: (Mo./Yr.)	
Starting Salary: \$ Final: \$ Avg. hrs./wk.	
Reason for Leaving:	
Number of Employees Supervised:	

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City: State:	
Supervisor: Phone #:	
Supervisor's Title:	
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Starting Salary: \$ Final: \$ Avg. hrs./wk.	
Reason for Leaving:	
Number of Employees Supervised:	

AUTHORIZATION AND CERTIFICATION

I authorize the Tacoma-Pierce County Health Department, at the time of my application for employment or during the course of employment, to investigate and verify information contained in this application as it relates to the position for which I am being considered or in which I may be employed. This includes authorization to conduct reference checks, conduct credit checks, and background investigations.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of information may bar me from selection activities and employment and, if employed, will be cause for dismissal from the Tacoma-Pierce County Health Department.

Date: _____ Signature: _____

To: The Office of Human Resources

I acknowledge that Tacoma-Pierce County Health Department is dedicated to providing a healthy, comfortable and Tobacco-free environment for all employees. Our reasons for moving to a practice of hiring non-smokers are simple:

1. Economics

- Employers spend an average of \$753 per year more in medical costs for a smoker than for a non-smoker. Additionally, \$68 billion in medical costs are spent in the United States for tobacco deaths alone.

2. Productivity

- Smokers miss an average of two more workdays per year than their non-smoking colleagues do.
- Smoking accounts for a total annual value of lost productivity and disability time worth \$47 billion per year in the United States.

3. Prevention & Objectives

- Our tobacco prevention campaign is one of our primary departmental objectives. It is important that we demonstrate healthy behaviors by our actions and through our policies and that we educate and market our tobacco prevention efforts to the Pierce County community.
- Our former US Surgeon General, David Satcher, stated that "Tobacco use will remain the leading cause of preventable illness and death in this Nation. . . . until tobacco prevention and control efforts are commensurate with the harm caused by tobacco use."

I understand that Tacoma-Pierce County Health Department serves the Pierce County community and that their tobacco prevention campaign is a primary objective. Furthermore, I acknowledge that as an employee of the agency I will be expected to demonstrate healthy behaviors by my actions and by my compliance with departmental policies. Hence, I will be expected as a condition of my employment to be tobacco-free upon hire and to remain tobacco-free during my employment with Tacoma-Pierce County Health Department. I acknowledge that by demonstrating such behaviors, I will be educating and marketing tobacco prevention efforts to our Pierce County community.

I acknowledge that current employees who use tobacco are 'grandfathered' in to the tobacco-free lifestyle and that they will be encouraged to quit using tobacco. In addition, I understand they are provided educational materials on the effects of tobacco and resources to help them quit.

I understand that tobacco use will be strictly prohibited within the agency's buildings, vehicles and other agency work areas for both employees and clients alike. Further, I acknowledge that I will do my part to educate those persons who violate the 50 feet standard from the department's buildings where smoking is prohibited. (This standard is necessary so that secondhand smoke does not enter those areas through entrances, windows, ventilation systems or other means.)

My signature below acknowledges that upon hire, I will be expected as a condition of my employment to be tobacco-free 24 hours per day and to remain tobacco-free during my employment with the Tacoma-Pierce County Health Department.

Signature of Applicant

Date

Print First and Last Name of Applicant

EQUAL OPPORTUNITY EMPLOYER

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Last 4 of Social Security # **XXX-XX-**_____ Age over 40

Sex

Female

Male

Ethnicity (Check only one.)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Native American/Alaskan Indian* (Not Hispanic or Latino)

Other (Please Specify)_____

Caucasian (White) (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Hispanic or Latino

Two or More Races (Not Hispanic or Latino)

* As set forth in EEOC Form 164, (EEO-4): Proof of tribal affiliation is required.

Person w/Disability

In accordance with the Americans with Disabilities Act, an employer is obligated to make an accommodation only to the *known* limitations of an otherwise qualified individual with a disability. In general, it is the responsibility of the applicant or employee with a disability to inform the employer that an accommodation is needed to participate in the application process, to perform essential job functions or to receive equal benefits and privileges of employment. An employer is not required to provide an accommodation if unaware of the need. We appreciate your completing the following information, which is used by our department for statistical purposes only.

The Tacoma-Pierce County Health Department gives Veteran's Preference to those individuals who have been honorably released, within the last 8 years, from active military duty. (If you wish to claim Veteran's Preference, ALL of the following questions must be answered, and a copy of DD Form 214 must be submitted with the application for employment.)

Do you wish to claim Veteran's Preference? Yes No Were you honorably discharged from Active Military Service? Yes No

Dates of Active Service: From: (Month/Year)_____ To: (Month/Year)_____ Are you receiving any Military Retirement payments? Yes No

HOW DID YOU LEARN OF THIS POSITION OPENING?

Health Dept. Web Site:_____

Web Site: (Name Source)_____

Newspaper: Name_____

Employee Referral:_____

Current Employee:_____

Job Posting: (Where)_____

Other: (Name source)_____