



Have you been convicted of a felony within the last 7 years?  Y  N  
*(Conviction will not necessarily disqualify applicant from employment)*  
 If yes please explain \_\_\_\_\_

Do you have any current obligations as a result of conditions of probation or parole?  Y  N  
 If yes, please explain \_\_\_\_\_

Veteran of the U.S. Military?  Y  N  
 If yes, Branch: \_\_\_\_\_  
 Active Duty Discharge Date: \_\_\_\_\_  
 Check any that apply:  
 Vietnam Veteran  Disabled Veteran  Other(specify) \_\_\_\_\_

Indicate languages, other than English, you speak, read, and/or write  
 \_\_\_\_\_

**Education**

High School or GED completed:  Y  N If no, give highest grade completed \_\_\_\_\_

**Colleges, Universities or Trade Schools attended:**

Name of School	City/State	Number of years attended or degree attained	Subjects studied or degree major

**Give name, address, and telephone numbers of three personal references who are not related to you and are not previous employers.**

Name	Address	Years Known	Relationship	Daytime Telephone(s)

**Give name, address, and telephone numbers of three business references who are not related to you.**

Name	Address	Years Known	Relationship	Daytime Telephone(s)

**Employment History**

Start with your present or most recent employment. Use additional pages if needed. SPPHD will assume we may contact these employers for job related references unless you indicate otherwise. *This section must be completed in full. (Do not leave blank and refer to resume.)*

Company:	Telephone number:
Address (include city and state):	Dates of employment: (Start month and year) From:                      To: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Name and title of supervisor:	Hourly pay: Starting:                      Ending:
State job title and describe work performed:	Reason for leaving:

Company:	Telephone number:
Address (include city and state):	Dates of employment: (Start month and year) From:                      To: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Name and title of supervisor:	Hourly pay: Starting:                      Ending:
State job title and describe work performed:	Reason for leaving:

Company:	Telephone number:
Address (include city and state):	Dates of employment: (Start month and year) From:                      To: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Name and title of supervisor:	Hourly pay: Starting:                      Ending:
State job title and describe work performed:	Reason for leaving:

Company:	Telephone number:
Address (include city and state):	Dates of employment: (Start month and year) From:                      To: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
Name and title of supervisor:	Hourly pay: Starting:                      Ending:
State job title and describe work performed:	Reason for leaving:

If the position for which you are applying requires proficiency testing, are you willing to take the test?  Y  N

SPPHD has a Drug-Free work place policy. If you are employed, you may be required to submit to a drug/alcohol test. If so, are you willing to submit to drug/alcohol testing?  Y  N

If employed, are you willing to allow a Criminal History Check to be conducted?  Y  N

### **Applicant Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision and I agree to release all parties providing pertinent information from any and all liability from any damages which may result from the furnishings of such information. SPPHD only accepts applications for open positions. I understand that this application may be considered active for a period of up to 60 days.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract. I also understand that SPPHD is an "at will" employer and employees can be terminated at any time, with or without cause, and with or without notice. I also understand that no employment with SPPHD is for a fixed or definite term.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all SPPHD employees are required to abide by all rules and regulations of SPPHD.

I understand that the signature below indicates agreement to the Applicant Statement above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Applications may be submitted as follows:*

Fax applications to: (806) 637-4295

Bring by office: 919 East Main  
Brownfield, TX 79316

Mail application to: South Plains Public Health District  
P.O. Box 112  
Brownfield, TX 79316

Email application to: [zholbrooks@spphd.org](mailto:zholbrooks@spphd.org)

Applicants are encouraged also submit attachments such as cover letters, resumes, copies of certifications, or other job related information, SPPHD only accepts applications for specific open positions.