

Sweetwater County
Board of Health
731 C Street, Suite 315

Phone: (307) 922-5390

Fax: (307) 352-6844

Application for Employment

An Equal Opportunity Employer M/F/H/V

DATE OF APPLICATION _____

Please complete all items thoroughly and legibly on an original application blank; photocopied applications not accepted. Please do not substitute a resumé for any section of this application.

CONTACT INFORMATION

NAME _____ SOC. SEC. NO. _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE NUMBER (____) _____ - _____ E-MAIL ADDRESS: _____

EMPLOYMENT INTERESTS

POSITION(S) APPLIED FOR _____ SALARY DESIRED _____

Name of organization or person who referred you _____

Your association or relationship to referral source _____

AVAILABILITY

Are you legally eligible for employment in this country? Yes No
(Proof of eligibility will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you presently employed? Yes No Date available for work _____

Are you on lay-off and subject to recall? Yes No

Are you available to work: Full Time Part Time Temporary Shift Work

Available for overtime as needed? Yes No

Available for travel as needed? Yes No

Driver's License Number *(if required by job)* _____ State _____ Class (Type) _____
(For Driver positions only, a copy of your current motor vehicle record and a list of your traffic violations for the past three years must be attached.)

Are you bondable? *(Answer only for those positions requiring bonding.)* Yes No

Have you been convicted of a felony within the past seven years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

EMPLOYMENT HISTORY Beginning with your present or last job, please provide the following information about your employment record. If additional space is needed, please continue with the same format on a separate sheet of paper. Explain any gaps in employment in the "APPLICANT'S NOTES ON EMPLOYMENT" section that follows. Please complete thoroughly and do not substitute resumé for this section.

1	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

2	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

3	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

4	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

We will check references with the employers you have listed unless you indicate those you do not want us to contact.

DO NOT CONTACT Employer Number(s) _____
Reason: _____

APPLICANT'S NOTES ON EMPLOYMENT / SKILLS AND QUALIFICATIONS

Please explain any gaps in employment history at left. Also summarize special skills and qualifications acquired from employment or other experiences that relate to the position(s) for which you are applying, as well as licenses, craft cards, certifications held, equipment operated, etc.

EDUCATION

	Elementary School	High School	Undergraduate College/Univ.	Graduate/Professional
<i>School Name and Location</i>				
<i>Circle Highest Year Completed</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<i>Diploma/Degree</i>				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

MILITARY SERVICE TRAINING

Did you receive any job-related training in the United States military? Yes No.

If yes, describe branch of service, dates, and location of such training below:

REFERENCES List name, address, and telephone number of three business/work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone	Years Known
	() -	
	() -	
	() -	

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from the service of the Sweetwater County Board of Health if I have become employed. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the Board of Health to continue to employ me in the future.

I authorize the Board of Health to investigate my work performance with my references and with my previous employers, *(except as noted)*, and to investigate other such records, *(e.g., motor vehicle operator records, criminal records etc.)*, pertinent to the job(s) for which I have applied. I hereby release from liability the Board of Health and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.*, that may be required to certify my suitability for the work for which I have applied, and I release from liability the Board of Health and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my application for employment. I also understand that the Board of Health may refuse to hire me as a result of the examination, and I agree to hold the Board of Health harmless for such refusal.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.*, as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of the Board of Health. I further agree to hold the Board of Health harmless for the consequences of such examinations, screenings, tests, *etc.*

Signature of Applicant _____ Date _____
(Application is incomplete and invalid without signature.)

The Board of Health considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

APPLICANT DATA SURVEY

VOLUNTARY - (For statistical use only)

As an Equal Opportunity Employer, the Sweetwater County Board of Health complies with applicable EEO regulations. We consider all applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related disability, or any other legally protected status.

The purpose for this Data Survey is to compile gender, ethnicity, disability and veteran status of all applicants for equal employment opportunity purposes. If an applicant elects not to respond to this questionnaire, his/her individual EEO categories will be based on the best information available. This data is **not** part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

NAME _____
Last First Middle

POSITION(S) APPLIED FOR _____ DATE _____

Name of organization or person who referred you _____

Your association or relationship to referral source _____

Check One: Male Female

Date of Birth: _____

Month Day Year

Please check one of the following EEO categories:

Disabled Person* Yes No

- (1) Black (Non-Hispanic)
- (2) Hispanic
- (3) Asian, Indian or Pacific Islander
- (4) American Indian/Alaskan Native
- (5) White (Non-Hispanic)
- (6) Other (please specify) _____

***ADA Definition of Disabled Person:** Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Please check one of the following Veteran categories:

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Protected Veteran
- Recently Separated Veteran

Vietnam Era Veteran: (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or (2) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964, and May 7, 1975, in all other cases.

Special Disabled Veteran means (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) A veteran who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran includes 1) veterans who served in a "war." Since the last declaration of war issued by Congress initiated World War II, veterans with active duty service between December 17, 1941 and April 2, 1952 are considered veterans of World War II; and 2) those veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Recently Separated Veteran includes veterans who have been discharged or released from active duty within a one-year period. The Workforce Investment Act defines recently separated veterans as any veteran who applies for participation under the Veterans Workforce Investment Act training within 48 months after the discharge or release from active military, naval, or air service.

Sweetwater County District Board of Health Position Announcement

Position: Registered Nurse
Location: Rock Springs with travel throughout Sweetwater County
Salary: Based on experience
Hours: Standard work week is 40 hours per week; hours and days will vary
FLSA Status: Exempt
Benefits: Health, dental, vision, and life insurance; retirement; paid vacation and sick leave; holidays

PRIMARY OBJECTIVE OF POSITIONS IN THIS CLASS: Performs nursing assessment, nursing diagnosis, treatment and evaluation of ill and disabled persons. Teaches and counsels patients and families. Arranges for and conducts nursing clinics and classes. Documents all care given to clients. Teaches individuals and groups health promotion and disease prevention. Works with all agency staff and State Bioterrorism team for planning, training, and implementation of all-hazard plans. Supervises the work of agency home health aides. Responsible for the delivery of Public Health services and programs to the community.

MAJOR AREAS OF RESPONSIBILITY AND PERFORMANCE:

Essential Duties:

- Performs nursing assessment, nursing diagnosis, treatment and evaluation of individuals, families and groups, or to the population as a whole.
- Accurately prepares and administers medications and treatments as ordered by the physician.
- Triage calls from clients and handles routine concerns and emergencies.
- Communicates with Physician and follows through on orders as appropriate.
- Provides formal assessments, documentation, and progress notes.
- Reviews client labs and consult reports.
- Arranges for and conducts nursing clinics and classes; teaches individuals and groups health promotion and disease prevention.
- Provides care of patients through assessing, implementing and evaluating processes to assure appropriate patient care and outcomes.
- Determines priorities and responsibilities, using core functions and the essential services of Public Health.

Other Duties: Performs related duties as assigned.

KNOWLEDGE AND SKILLS:

- Knowledge of laws, principles, practices, and techniques of professional nursing.
- Knowledge of the maintenance of medical records, charts, reports, and observations.
- Knowledge of principles of nursing process and scientific process.
- Knowledge of public healthcare functions and the essential services.

- Knowledge of applying nursing diagnosis and treatment to patient care.
- Knowledge of scientific concepts as a basis for decision making.
- Knowledge of physical, biological and behavioral sciences.
- Knowledge of evaluation services and programs according to standards.
- Knowledge of work management and leadership theory and practice.
- Knowledge of federal, state, and local law pertaining to healthcare.
- Must have excellent communication skills.
- Must be a team player.
- Time management skills required.
- Must be able to prioritize.

CLASS TITLE: Registered Nurse

PHYSICAL AND RELATED REQUIREMENTS:

- Must be able to lift/ transfer patients to different positions.
- Ability to perform heavy physical work and to lift and/or carry up to 50 pounds.
- Must be able to restrain clients for treatments
- Must be able to climb stairs into clients homes
- Must be able to work evenings, nights/or weekends when the situation requires it.
- Ability to safely operate a motor vehicle

EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS:

- Must be licensed as a Registered Nurse in the State of Wyoming.
- Special Requirements: Possession of a valid driver's license with an acceptable motor vehicle record, and proof of valid insurance
- Must have a current CPR certification
- DFS Central Registry and DCI criminal investigations are required.

Deadline to apply: July 27th, 2018

For additional information, please contact Sweetwater County District Board of Health at 333 Broadway, Suite 110, Rock Springs, WY 82901. 307-922-5390