Mid-Ohio Valley Health Department
Healthy Communities Developer Application

Individuals of all abilities are encouraged to apply

Name_____
Last *First* *Middle* *Preferred Name*

Social Security # _____--_____--_____ (For internal use only)

Are you 18 or over? Yes☐ No☐

Can you legally work in the US? Yes☐ No☐

Do you have a High School Diploma or equivalent? Yes☐ No☐

Address_____
Street *Apartment*

_____
City *State* *Zip Code* *County*

Home Phone (_____) _____-_____ Cell Phone (_____) _____-_____

Email Address _____

List Counties within West Virginia you are willing to work

1._____ 2._____ 3._____

National Service Experience:

1. Have you ever been or are you currently enrolled in an AmeriCorps program?
   ☐ **YES** **or** ☐ **NO**

2. If YES, circle all that apply **AmeriCorps**☐ **VISTA**☐ **NCCC**☐
   If you circled <u>any</u> of the above, what was the:
   Name of the Program_____
   Program Location _____
   Dates of Services_____

3. Did you receive an Education Award? ☐ **YES** ☐ **NO**
   If so, how many hours were required to receive an education award? _____

4. Have you been released for cause from an AmeriCorps Program? ☐ **YES** ☐ **NO**

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Have you ever been convicted, pled guilty, or no contest to a crime (including DUI or worthless checks) other than a routine traffic violation? If you are in doubt be sure to include. ☐ **YES** ☐ **NO**

If yes, provide the following:

Date(s):_____ Place(s):_____

Charge(s):_____

*Note: A criminal background check is required by AmeriCorps and will be conducted on individuals recommended for service. A conviction will not necessarily prevent you from being selected. The criminal record policy requires applicants to answer questions truthfully. **Any false statements will make you ineligible for service.**

History

Please list and briefly describe any employment, volunteer work, organizations, caregiving, community work, or skills that you have experience with that you think might help you to perform this job.

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References:

Provide three references that have worked with you in some capacity and are not related to you.

Name:_____ Email:_____

Phone:_____ Cell Phone:_____

Relationship:_____

Name_____ Email:_____

Phone:_____ Cell Phone:_____

Relationship:_____

Name_____ Email:_____

Phone:_____ Cell Phone:_____

Relationship:_____

Certification and Release Statement:

I certify that the information provided on this application is complete, accurate, and true to the best of my knowledge, I understand that any falsified or omitted information may be grounds for rejection of this application or termination of subsequent services in this program. I authorize the Mid-Ohio Valley Health Department and or its representatives to make reference checks using the names provided on this application and herby release the Mid-Ohio Valley Health Department and its representatives from any and all liability of every nature and kind arising out of any such reference checks or there such investigation conducted pursuant hereto.

Signature:_____ **Date:**_____

Submit Via Email