

# GRANT COUNTY

County Courthouse  
P.O. Box 37  
Ephrata, WA 98823  
(509) 754-6060



# HEALTH DISTRICT

1038 W. Ivy Avenue  
Moses Lake, WA 98837  
(509) 766-7960

Thank you for your interest in employment with the Grant County Health District.

The attached application packet contains information regarding the position that you are interested in. We invite you to thoroughly read the packet. Applicants are required to complete a criminal disclosure statement (included in the packet) about convictions for employment consideration with our agency. When employment begins, we also request a criminal history report concerning child/abuse from the Washington State Patrol.

When filling out the application, please type or write legibly and follow the directions carefully. The application must be signed in order to be processed.

After completion, return the application to:

Grant County Health District  
P.O. Box 37  
Ephrata, WA 98823  
(509) 754-6060

or bring it into our office located at:

Grant County Courthouse  
First and C Street NW, in Ephrata.

JOB APPLICATION  
GRANT COUNTY HEALTH DISTRICT  
P.O. BOX 37, EPHRATA, WA 98823  
(509) 754-6060

QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, AGE OR THE PRESENCE OF A NON-JOB-RELATED HANDICAP.

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**APPLICATION MUST BE LEGIBLE.**

**POSITION APPLYING FOR** \_\_\_\_\_

Will you accept: Full Time ( ) Part Time ( )

**1. PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip

Current Employer \_\_\_\_\_  
Name & Address

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

May we contact you at work? ( ) Yes ( ) No

Languages other than English SPOKEN Fluently \_\_\_\_\_

Languages other than English WRITTEN Fluently \_\_\_\_\_

**CONFIDENTIAL AND VOLUNTARY INFORMATION.**

Have you been convicted of or released from prison for a felony within the last seven years? ( ) YES (NO)  
If yes, please explain: \_\_\_\_\_

CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

2. **EDUCATION**

Are you a high school graduate or do you have a GED: ( ) YES ( ) NO

List all education beyond high school graduation/GED. Start with the most recent educational experience and work backward. Please do not include brief training sessions or seminars, as you will list these later.

Educational Institution

Name & Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ GPA \_\_\_\_\_

Major Course Work Pursued \_\_\_\_\_

Degree (s), Diploma (s), or Certificate (s) Received: \_\_\_\_\_

Major Professor, Academic Advisor, or Other Academic Reference

\_\_\_\_\_

Educational Institution

Name & Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ GPA \_\_\_\_\_

Major Course Work Pursued \_\_\_\_\_

Degree (s), Diploma (s), or Certificate (s) Received: \_\_\_\_\_

Major Professor, Academic Advisor, or Other Academic Reference

\_\_\_\_\_

USE ADDITIONAL SHEETS AS NECESSARY TO DESCRIBE ALL OF YOUR FORMAL EDUCATION BEYOND HIGH SCHOOL OR GED. USE THIS FORMAT.

\*\*\*\*\*

**3. SPECIAL LICENSES**

Type of License or Reg.	Lic.Or Reg#	State where held	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a current driver's license? ( ) Yes \_\_\_\_\_( ) No \_\_\_\_\_ If yes, list state: \_\_\_\_\_

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**4. POST HIGH SCHOOL WORK EXPERIENCE**

LIST ALL EMPLOYMENT AND MILITARY EXPERIENCE. START WITH CURRENT ACTIVITY AND WORK BACKWARD. ACCOUNT FOR ANY MAJOR LAPSES OF TIME AWAY FROM WORK OR MILITARY EXPERIENCE.

**LAST OR PRESENT ACTIVITY**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Numbers Hrs. Per Week: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason For Leaving: \_\_\_\_\_

Supervisor's Name & Phone #: \_\_\_\_\_

Brief Description of Duties & Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Salary: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Numbers Hrs. Per Week: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason For Leaving: \_\_\_\_\_

Supervisor's Name & Phone #: \_\_\_\_\_

Brief Description of Duties & Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last Salary: \_\_\_\_\_

USE ADDITIONAL SHEETS AS NECESSARY TO DESCRIBE ALL OF YOUR EXPERIENCE, USING THIS FORMAT.

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5. List and briefly describe any brief training sessions or seminar attendance beyond your formal education which you believe pertinent to the position for which you are applying.

6. List other interests, hobbies, activities, volunteer work, etc., which you believe pertinent.

7. Describe how any of the above (employment, education, military, training and other interests, hobbies, activities) relates to this position (i.e. skills, community involvement, personal growth). Attach additional sheets if necessary.

8. If you are not now residing in Grant County, why do you wish to relocate to this area:

\*\*\*\*\*

If selected for employment, when would you be available? \_\_\_\_\_

What initial monthly salary would you expect to receive for this position, keeping in mind the normal work week for our agency is 40 hours? \$\_\_\_\_\_.

\*\*\*\*\*

Do you have a car available for on the job use?     ( ) Yes     ( ) No

Clerical positions: How many words per minute do you type? \_\_\_\_\_

\*\*\*\*\*

VETERAN'S PREFERENCE. ANSWER ONLY IF YOU WISH TO CLAIM VETERAN'S PREFERENCE:  
VETERAN'S PREFERENCE CAN ONLY BE USED ONCE BY AN APPLICANT FOR EMPLOYMENT  
WITH STATE OR LOCAL GOVERNMENT IN WASHINGTON.

Have you been discharged from the U.S. military within the last 8 years?  
( ) Yes   ( ) No                   (If employed, you may be asked to furnish proof).

\*\*\*\*\*

ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE  
FOR REJECTION OF MY APPLICATION, OR DISMISSAL IF EMPLOYED.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE STATEMENT

Attachment to the Employment Application

Pursuant to the requirements of 1987 Washington Laws Chapter 486, as amended we must ask you to complete the following disclosure statement. This information will be kept confidential, and will be used only in making an initial employment decision.

Have you ever been CONVICTED of any of the following crimes against children or other persons:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	First degree rape of a child
<input type="checkbox"/>	<input type="checkbox"/>	First degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Second degree rape of a child
<input type="checkbox"/>	<input type="checkbox"/>	Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Third degree rape of a child
<input type="checkbox"/>	<input type="checkbox"/>	First degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	Second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Second degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	First degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	Second degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting of prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Second degree manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	First degree extortion
<input type="checkbox"/>	<input type="checkbox"/>	First degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Second degree extortion
<input type="checkbox"/>	<input type="checkbox"/>	Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle homicide
<input type="checkbox"/>	<input type="checkbox"/>	Second degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Third degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse and neglect
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	First degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	Third degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Violation of restraining order	<input type="checkbox"/>	<input type="checkbox"/>	First degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a child	<input type="checkbox"/>	<input type="checkbox"/>	Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may be renamed	<input type="checkbox"/>	<input type="checkbox"/>	Third degree sexual misconduct with a minor

Have you ever been CONVICTED of any of the following crimes relating to financial exploitation if the victim was a vulnerable adult:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Third degree theft
<input type="checkbox"/>	<input type="checkbox"/>	Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	First degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	Third degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Second degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	First degree theft	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	Second degree theft	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may be renamed

If your answer is “Yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

- A. In any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes ( ) No ( )
- B. By a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes ( ) No ( )
- C. In any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes ( ) No ( )
- D. By a court in a protection proceeding to have abused or financially exploited a vulnerable adult? Yes ( ) No ( )

If you answer is “yes” to any of the above, please describe and provide the date (s) of the finding (s) and the penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report or your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol’s response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

PLEASE ATTACH THIS SIGNED FORM WITH YOUR COMPLETED APPLICATION FOR EMPLOYMENT. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS FORM.

# GRANT COUNTY

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# HEALTH DISTRICT

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## STAFF IMMUNIZATION POLICY

### A. INFLUENZA

To avoid staff absenteeism during the influenza season, and to prevent transmission of influenza from personnel to clients, all staff will be encouraged to have a yearly influenza shot, before the influenza season starts. Those staff who are at increased risk for complications from influenza and are strongly encouraged to receive influenza vaccine are as follows:

1. Those with chronic disorders of the cardiovascular or pulmonary stems requiring medical follow-up or hospitalization within the preceding year;
2. Those with chronic metabolic disease (including diabetes) renal dysfunction, anemia, immunosuppression, or asthma severe enough to have required follow-up or hospitalization during the preceding year;
3. Otherwise healthy individuals 50 years of age or over.

### B. HEPATITIS B VACCINE

Employees who come in contact with body fluids, shall be offered the option to undergo the series of three (3) Hepatitis B vaccinations as outlined by CDC (Centers for Disease Control). Health care workers who do not wish to be vaccinated must complete and sign a waiver stating they have received the offer of vaccination against Hepatitis B and declined.

1. Before immunizing, serologic screening for Hepatitis B need not be done unless the employee requests it.
2. Employees who are or think they might be pregnant will not be vaccinated without written direction from the employee's personal physician.
3. Employees who decline vaccination will not be discriminated against.
4. Prophylaxis with Hepatitis B Immune Globulin (HBIG) and vaccine should be used when indicated, such as following needle stick or other percutaneous exposure to blood, when employee is not adequately immunized following current ACIP guidelines.
5. If an employee initially declines Hepatitis B vaccination but requests it at a later date, vaccination shall be available.

### C. HEPATITIS A

Prophylaxis with immune globulin will be offered to employees exposed to persons infected with Hepatitis A, following current ACIP recommendations on post-exposure prophylaxis.

D. MEASLES, RUBELLA, MUMPS

All employees need to demonstrate or receive immunity to Measles and Rubella disease. Measles, mumps, and rubella vaccines are combined as the MMR vaccine. Pregnancy is a contraindication to vaccination.

Employees may:

1. Provide documented evidence of two doses of measles and rubella vaccines (or MMR). These must have been given on or after the first birthday and received since 1968, with the second dose given at least one month after the first.

OR

2. Provide previous or new serological evidence of immunity (IgG) to measles and/or rubella (blood drawn by GCHD nurse and sent to the State lab) at no expense to the employee. Physician-diagnosed cases to be considered as evidence of immunity must be lab-confirmed.

Employees believed to be at risk for mumps will receive 2 doses of the MMR vaccine.

E. VARICELLA (CHICKEN POX)

Employees without a reliable history of varicella disease or serologic evidence of immunity may be vaccinated according to current ACIP guidelines.

F. TETANUS/DIPHTHERIA, PNEUMOCOCCAL VACCINE

These vaccines will be made available to Health District staff upon request according to ACIP recommendations.

G. TUBERCULOSIS TESTING

Skin testing will be done on employment and yearly with follow-up as indicated.

Initially upon employment, the staff person will undergo 2-step testing (the test is repeated 1 to 3 weeks following a negative result).

An employee with a prior positive skin test and with documented appropriate follow-up will sign an annual symptom check sheet.

Employees working directly with clients infected with or at risk for TB disease and/or in client home visiting capacities will receive skin testing every 6 months, or as indicated to meet L&I, CDC, and/or ATS guidelines.

ACIP and other established guidelines are subject to interpretation by the Health Officer and/or his designee(s), on a case-by-case basis.

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

Reviewed:

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

# GRANT COUNTY

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P.O. Box 37  
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1038 W. Ivy Avenue  
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## PERSONNEL BENEFITS

Sick Leave: One day per month – can be used as earned.

Annual Leave: First year – one day per month. Can be used after six (6) months

Annual Bonus Days: After 2 years = 1 day  
“ 3 years = 3 days  
“ 5 years = 5 days  
“ 10 years = 7 days  
“ 15 years = 10 days

Holidays: Eleven (11) days per year.

Probation period: Twelve months minimum

NOTE: Sick leave, annual leave, and holidays are pro-rated for permanent part-time employees.

Business use of private vehicles: Employer reimburses @ the IRS rate.

Medical Insurance: The Employer will partially cover the cost of the insurance premium for all Employees and their family (employees who work more than 80 hrs. per month). This includes Medical, Dental, Vision, and Life.