



GRANT COUNTY HEALTH DISTRICT

1038 West Ivy, Suite 1
Moses Lake, WA 98837

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.

We request a criminal history report from Check prior to employment.

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

After completion, return the application to:

Grant County Health District

1038 W. Ivy Ste 1

Moses Lake, WA 98837

(509) 766-7960

Or

Email to rmorfin@granthealth.org



JOB APPLICATION

QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEXUAL ORIENTATION, GENDER IDENTITY, USE OF GUIDE DOG OR OTHER SERVICE ANIMAL, GENETIC INFORMATION, AGE, DISABILITY, HIV, AIDS, HEPATITIS C STATUS, OR ANY OTHER PROTECTED CLASS STATUS.

APPLICATION MUST BE LEGIBLE.

POSITION APPLYING FOR _____

Will you accept: Full Time Part Time Temporary

Do you smoke or use tobacco products? Yes No

1. PERSONAL DATA (DO NOT submit a photograph of yourself)

Name: _____, _____, _____

Mailing address: _____

Home phone #: _____ Work phone #: _____

Are you over the age of 18? Yes No

Languages other than English SPOKEN fluently: _____

Languages other than English WRITTEN fluently: _____

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: _____ to _____ 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: _____ to _____ 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 YOUR FORMAL EDUCATION BEYOND HIGH SCHOOL OR GED. USE THIS FORMAT.

3. CERTIFICATIONS AND LICENSES (IE: RN, MA-C, RS, CHES)

Type of License or Reg.	License or Reg. #	State where held	Expiration Date

Do you have a current Washington State driver's license? Yes No If no, list state: _____

If not, are you eligible to obtain a valid Washington Driver's License? Yes No

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.

PREVIOUS OR PRESENT ACTIVITY

Employer name: _____

May we contact you at work? Yes No

May we contact this employer? Yes No

Address: _____

Position held: _____ Number of hours per week: _____

Dates employed: _____ to _____

Reason for leaving: _____

Supervisor's name & phone #: _____

Brief description of duties & responsibilities: _____

Employer name: _____

May we contact this employer? Yes No

Address: _____

Position held: _____ Number of hours per week: _____

Dates employed: _____ to _____

Reason for leaving: _____

Supervisor's name & phone #: _____

Brief description of duties & responsibilities: _____

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

5. Additional Questions

Are you willing to serve in an emergency response role if required? Yes No

Are you willing to travel for work: Yes No Occasionally

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

List other interests, hobbies, activities, volunteer work, etc., you wish to share with the hiring committee.

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.

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

Describe any experience you have working with diverse populations and how you have ensured inclusivity in your work.

What interests you most about working in local public health, and how does this position align with your career goals?

If selected for employment, when would you be available? _____

What initial monthly salary would you expect to receive for this position? \$ _____

Do you have a vehicle available for on-the-job use? Yes No

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

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement, and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I am applying for employment in a position where I will or may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the Health District will complete a thorough background check as allowed by the Child/Adult Abuse Information Act. Background checks are also completed for other positions. I authorize investigation of all statements in this application. I understand that nothing in this application or my communications with any Health District official is intended to create an employment contract between the Health District and me.

Signed _____ Date _____

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

OVERVIEW OF PERSONNEL BENEFITS

Sick Leave: Under Washington State’s Paid Sick Leave Act (RCW 49.46.210) all seasonal and part-time employees shall accrue paid sick leave upon employment no less than at the rate of 1 hour for every 40 hours worked Sick leave is available for use after your first full month (30 days) of employment.

Full-time employees (20+ hours per week) Paid Time Off (PTO). PTO is earned and available after the first full month of employment.

Completion of Years of Continuous Service (Non-Exempt)	Number of Hours Earned Monthly
0	16
1	18
2-3	19
4-8	20
9-13	22
14 or more	24

Completion of Years of Continuous Service* (Exempt)	Number of Hours Earned Monthly
0	20
1	22
2-3	23
4-8	24
9-13	26
14 or more	28

*Accrual rates for exempt employment positions may be negotiated by the Administrator, with prior Board of Health approval, for new employment discussions and recruitment.

Paid Holidays:

- Twelve Paid (12) days per year.
- One (1) personal holiday a year.

Probation period: Twelve months minimum.

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

Medical Insurance is offered through the Public Employees Benefits Board (PEBB). The Employer will contribute to the medical insurance premium for employees who work more than 80 hrs. per month. This includes Medical, Dental, Vision, Life/AD&D and LTD. To learn more visit:

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/public-employees-benefits-board-pebb-program>

Retirement: All regular full-time employees, as well as those who consistently work a minimum of seventy (70) hours or more each month, are required to participate in the Public Employees Retirement System (PERS). To learn more visit: <https://www.drs.wa.gov>

humanresources/documents/GCHDapplication
