

Employment Offer

(This is made to the prospective applicant)



Date Completed _____ Division _____

Request by who (name and title) _____

Name of prospective applicant _____ Job Title _____

Pay Range _____ Reports to (person approving payroll) _____

Proposed starting date _____ Proposed end of 90-day probation _____

Proposed starting salary _____ Salary after 90-day probation _____

Normal working hours _____

Is there any vacation credit from a previous employer? [See Health Code Section 207.18(h)] _____

Is there any sick time carry over balance from a previous employer? [See Health Code Section 207.16(b)] _____

If yes to either question, submit a letter from the previous employer(s) stating as such within 30 days of hire date.

FULL-TIME Employees ONLY

Date personal holiday available to use after 60 days _____

Date vacation time starts after 90-day probation _____ Number of days _____

Starting _____, you will receive ten (10) days of vacation.

Earliest date health insurance can start _____

List any other employee benefits: _____

**All employees receive .0575 of sick time per every hour worked.

1) Board of Health Approval On: _____

2) Approval by Health Commissioner, Division Leader and Fiscal Manager.

Health Commissioner _____ Date _____

Fiscal Manager _____ Date _____

Division Leader _____ Date _____

3) Approval by applicant - By signing this Employment Offer, I agree to the terms of this employment at Canton City Public Health.

Applicant _____ Date _____

Applicant Qualifications

*Check "Yes" box for each qualification verified.

*Check "No" box for each qualification not verified and provide explanation below.

*Check "N/A" box for each qualifications not applicable to position.

*Check mark the "Verification Method".

Qualifications

Verification Method

1) Education/Degree	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Transcripts <input type="checkbox"/> Diploma <input type="checkbox"/> Other _____
2) Licensure/Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Copy of Licensure/Certification <input type="checkbox"/> Online Verification at: _____ <input type="checkbox"/> Other _____
3) Work Experience	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Work Verification <input type="checkbox"/> References <input type="checkbox"/> Other _____
4) Computer Skills	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Test (in-house) <input type="checkbox"/> Interview <input type="checkbox"/> Other _____
5) Driver's License with Good Driving Record	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> LexisNexis Search <input type="checkbox"/> Online at www.starckjis.org <input type="checkbox"/> Other _____
6) Physical/Mental Requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Interview <input type="checkbox"/> Other _____
7) Criminal Record and Background Search	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> LexisNexis Search <input type="checkbox"/> Online at www.starckjis.org <input type="checkbox"/> Other _____
8) Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Mark if any of these apply

- Citations/infractions
- Misdemeanor(s)
- Felony(s)

If "No" was checked in the qualifications table, explain why applicant is still qualified for hire to this position.

Completed by: _____ Date: _____

Division Leader: When this form is complete, e-mail this form to the Fiscal Manager.