



**LEE COUNTY**  
**HEALTH**  
*Department*

**EMPLOYMENT APPLICATION**

**NAME** \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST MAIDEN

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**REFERRAL SOURCE**  Newspaper Ad  County Website  Job Posting Site  Friend  Other

Position(s) applying for? \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Date available to begin work \_\_\_/\_\_\_/\_\_\_

Describe why you are qualified for position:

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

Current resume attached?  Yes  No

Are you over the age of 16?  Yes  No

Are you legally entitled to work in the United States?  Yes  No

Have you applied at or been employed by Lee County before?  Yes  No

If yes, when? \_\_\_/\_\_\_/\_\_\_

Driver's License number required if driving may be required in the job for which you are applying

Number \_\_\_\_\_ State \_\_\_\_\_