



Public Health
Prevent. Promote. Protect.

Calhoun County

JOB OPENING:

Calhoun County Public Health is seeking an hourly Registered Nurse with interest in the child health field for approximately 30 hours per week, no weekends. Salary is negotiable and offer includes a competitive benefit package.

Required skills:

- Highly organized
- Attention to detail
- Team Player

Job duties include:

- Performing child assessments in collaboration with local clinics
- Providing direct patient care including immunizations
- Completing detailed chart preparation and documentation
- Providing home visits to families with children
- Assisting families to access needed services
- Entering on-line data required by funders
- Partnering with other service providers
- Following state and federal regulations
- Assessing program for potential improvement areas

REQUIRED:

- Current Registered Nurse license to practice in Iowa
- Minimum of three years nursing experience
- Various drug and background screenings
- Valid Iowa driver's license and reliable transportation to home and clinic visits

PREFERRED:

- Knowledge of child vaccines
- Knowledge of child growth & development, and disease prevention
- Intermediate computer proficiency

If interested, please send a resume, letter of interest and an application to the following:

Barb Riley, Director of Public Health
501 Court Street, Rockwell City, IA 50579
EMAIL: briley@calhouncountyiowa.com

Applications are available by request at (712) 297-8323 ext. 0

Application deadline is Friday, October 19, by 4:30 PM

Calhoun County is an EEO Employer



APPLICATION FOR EMPLOYMENT

501 COURT STREET
ROCKWELL CITY IA 50579

Telephone: 712/297-8323

Fax: 712/297-7530

E-mail: briley@calhouncountyiowa.com

Please answer **ALL** questions. Print or write carefully. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

Full Name	
Present Address	Home Telephone Number
City, State, Zip	Business or Cell Phone Number

State the position(s) for which you are applying: _____

Check which employment conditions you will accept:

_____ Full-time (37.5 hours) _____ Part-time (<37.5 hours) _____ Full-Time (30 hours)

How did you find out about this position? _____

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

Have you ever been convicted of a crime, in this state or any other state? Yes No State: _____

Do you have a record of founded child or dependent adult abuse? Yes No

If yes to either of the above, describe the circumstances _____

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness and recency of the convictions in making our decision.

Will you sign a release form allowing Calhoun County to conduct a Criminal Record and/or Adult/Child Abuse Registry information check? Yes No

Have you ever been terminated from employment? Yes No If yes, describe the circumstances _____

Do you have a valid Iowa Drivers license? Yes No Class of Drivers License? _____

Will you sign a release form allowing Calhoun County to obtain a driving record? Yes No

Do you have a car with adequate liability and accident insurance that will cover accidents or incidents resulting from work activities? Yes No

Are you a veteran? Yes No Do you qualify for veteran's preference? Yes No

If a license or certificate is required to practice a trade or profession for which you are applying, complete the following:

Name of Trade or Profession _____ License Number _____ Year Obtained _____

Education

	Name and Address	Course of Study	Circle Last Year Completed	Degree Earned
High School			1 2 3 4	
College			1 2 3 4	
Other Schools			1 2 3 4	

Work History

Job Title	Employer Name, Address, Telephone #	Date Employed From: _____ To: _____
Name Employed Under	Immediate Supervisor & Title	Last Salary
Reason for Leaving	Average # of Hours Worked Per Week	Nature of Business
Duties		
Job Title	Employer Name, Address, Telephone #	Date Employed From: _____ To: _____
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Read Before Signing:

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose otherwise, my application may be rejected and my name may be removed from consideration for employment.

In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the County as part of my application for employment.

If I am offered and accept employment with the County, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the County.

APPLICANT SIGN HERE IN INK _____ DATE _____
M/F DISABLED AND VET EOE EMPLOYER