101 W. 9TH STREET
PUEBLO, COLORADO 81003-4103
(719) 583-4300

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December 15, 2016 - Position Vacancy Information • Application Tracking Form

Public Health Nurse

Activity/ Requirement	Information About How/Why to Complete	Completed
Application Form:	Four page application form. This form is not an electronic document. All questions must be answered. Do not use "see resume" regarding any area on the application. This application is the primary source of information to rank candidates. Be sure to specifically address your qualifications, experience, work products and accomplishments as they relate to the position.	Yes No
Authorization for Background Checks:	One page form is required for the Health Department to conduct relevant background checks on applicants. The backside of the form is a copy of the Summary of Your Rights Under the Fair Credit Reporting Act. Failure to submit this form with the application will result in immediate disqualification from the selection process.	Yes No
Job Description:	The job description for the position posted is attached and should be reviewed carefully.	
Position Information:	Full-time position (Monday-Friday, 8:00 am-5:00 pm) with excellent benefits including health insurance, paid holidays, sick/annual leave. Monthly salary range (based on experience): $3,896 - $4,213	
Required Skills:	**Qualifications:** Bachelor's or Master's degree in nursing and two years of work experience in the nursing field. Associate's Degree/diploma nurse in nursing and four years of work experience in the nursing field. Public health work experience is preferred.	Yes No
Required Attachments:	Verification of degree is required. Unofficial college transcripts are required at the time of application. Failure to submit transcripts will result in immediate disqualification from the selection process.	Yes No
Required Information:	On a separate sheet of paper (typed or handwritten) please provide a response to the following questions: 1. A primary assignment of the position is dispensing birth control to clients, testing and treating for sexually transmitted diseases and providing education. Discuss your capacity to complete this assignment and how you feel about providing sexual health education. 2. If you are selected for a position with the Pueblo City-County Health Department, you will be required to submit to a two-step PPD test (Tuberculosis) and a review of your immunization history. All public health employees are required to obtain an annual flu vaccination. Please confirm your acknowledgement of this requirement.	Yes No
Application Due Date:	**December 30, 2016 at 3:00 p.m.**	Yes No
Turn in Applications to:	Mary Davis, Human Resources Office, 3rd Floor (Room 324) or applications can be submitted via e-mail: mary.davis@co.pueblo.co.us or via fax at 719-583-4524 by the application due date.	

Use of this checklist is not required. The checklist is a tool to provide applicants with a concise list of all the required documentation for a position vacancy. Additional information: contact Mary Davis at mary.davis@co.pueblo.co.us or 719-583-4515. Thank you.

Prevent • Promote • Protect

A Handicapped Accessible Facility

Pueblo City-County Health Department
101 W. 9th Street ● Pueblo, CO 81003
www.pueblohealthdept.org
719-583-4300

Application for Employment

Please print all information requested except for signature.

Notice to All Applicants: This application form is intended for use in evaluating your qualifications for employment with the Pueblo City-County Health Department (PCCHD). This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, color, age, national origin, religion, sexual orientation, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. Testing for the presence of drugs (cocaine, marijuana, opiates, amphetamines and phencyclidine) in your body will be required. After a conditional offer of employment and prior to reporting to work, you will be required to submit to a medical review. You will be requested to complete a medical history form and will be required to be examined by a medical professional designated by the company.

First Name	Middle Name/Initial	Last Name

Street Address	City	State	Zip Code

Home Phone (Contact Information)	Cell Phone	Email Address

Date of Application		How Long At Current Residence

Position Applying For	Salary Desired (be specific)

Employment Desired	What date will you be available for work?
☐ Full-Time Only ☐ Part-Time Only ☐ Anything Available	

Education

Name of School	Location (complete mailing address)	Diploma/Degree	Studies	Number of Years Completed
High School				
Trade/Professional School				
College/University				
Graduate School				

Please list any special job-related skills and qualifications from employment or other experience:

Work Experience

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give business or company name. Attach additional sheets if necessary.

Name of Employer			Phone Number
Street Address	City	State	Zip Code
Name of Last Supervisor	Employment Dates From: To:	Pay or Salary Start: Finish:	
Position Title	Reason for Leaving (be specific)		
List the duties you performed, skills used or learned, advancements or promotions while you worked at this company, include any supervisory experience and number of people supervised.			

Name of Employer			Phone Number
Street Address	City	State	Zip Code
Name of Last Supervisor	Employment Dates From: To:	Pay or Salary Start: Finish:	
Position Title	Reason for Leaving (be specific)		
List the duties you performed, skills used or learned, advancements or promotions while you worked at this company, include any supervisory experience and number of people supervised.			

Name of Employer			Phone Number
Street Address	City	State	Zip Code
Name of Last Supervisor	Employment Dates From: To:	Pay or Salary Start: Finish:	
Position Title	Reason for Leaving (be specific)		
List the duties you performed, skills used or learned, advancements or promotions while you worked at this company, include any supervisory experience and number of people supervised.			

Military History

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Foreign Languages

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Language:			
	Fluent	Good	Fair
Speak			
Read			
Write			

Personal Information

List states and counties of residence for the past seven years: _____

Have you used any names or Social Security numbers other than given? If so, please list: _____

Do you have a relative or friend employed with PCCHD? If yes, who? _____

May PCCHD contact your present employer? ☐ Yes ☐ No

May PCCHD contact your prior employer(s)? ☐ Yes ☐ No

Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you from employment. If yes, please explain _____

Do you have a driver's license? ☐ Yes ☐ No

Have you ever been ticketed for a moving traffic violation? If yes, explain _____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, proof of immigration status to work must be provided.

Are you currently on "layoff" status, subject to recall? ☐ Yes ☐ No If yes, explain _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

References

Providing this information means that you give PCCHD permission to contact the references listed. Please provide current information on two references (no family).

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____
Years Acquainted: _____	Years Acquainted: _____

Applicant's Acknowledgement and Release

This application shall be considered active for no more than six months. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If PCCHD policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during employment.

_____ _____

Applicant's Signature Date

For PCCHD Use Only - Do Not Write In This Section

Reviewed by: _____ ☐ Test ☐ Interview

Rejected: ☐ Incomplete ☐ Did Not Meet Qualifications ☐ Other _____

Regret letter sent: _____

Test Score: _____ ☐ Interview Regret letter sent: _____

Interview Date/Time: _____

Interviewed by: _____

_____

☐ Selected for Position Regret letter sent: _____

Notes: _____

_____

_____

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept **confidential**. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of Job Applied for: _____

SEX

- ☐ Male
- ☐ Female

RACE/ETHNICITY

- ☐ White - origins in Europe, North Africa or Middle East
- ☐ Asian - origins in Far East, S.E. Asia or India
- ☐ Black - origins in Africa
- ☐ Hispanic - Mexican, Puerto Rico, Cuban, Central or South America
- ☐ American Indian - origins in North America, to exclude Alaska
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other

PHYSICAL CONDITIONS

- ☐ (1) No disability
- ☐ (2) Physically Disabled (No Facility Modification)
- ☐ (3) Physically Disabled (Facility Modification)
- ☐ (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- ☐ (5) Mentally Disabled (Learning Disability)

VETERANS/U.S. MILITARY STATUS

- ☐ (0) Non-Veteran
- ☐ (1) Pre-Vietnam Veteran
- ☐ (2) Pre-Vietnam Veteran with service incurred disability
- ☐ (3) Vietnam Era Veteran (1964-1975)
- ☐ (4) Vietnam Era Veteran with service incurred disability
- ☐ (5) Post Vietnam Veteran
- ☐ (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- ☐ Yes
- ☐ No

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, PCCHD (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 719-583-4515. A summary of your rights under the Fair Credit Reporting Act is provided on the backside of this release.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize PCCHD to order my background report, including investigate consumer reports. I understand that PCCHD may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree that PCCHD may rely on this authorization to order background reports, including investigative consumer reports, reom companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with PCCHD, or if I am hired or already work for PCCHD, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (*use a separate sheet as needed*)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From _____/_____/_____ (Month/Day/Year) To _____/_____/_____ (Month/Day/Year)

City/State/ZIP _____

_____ _____/_____/_____

Signature Date: (Month/Day/Year)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	**Federal Trade Commission: Consumer Response Center - FCRA** Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	**Office of the Comptroller of the Currency** Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	**Federal Reserve Board Division of Consumer & Community Affairs** Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	**Office of Thrift Supervision** Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	**National Credit Union Administration** 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	**Federal Deposit Insurance Corporation** Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	**Department of Transportation** Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	**Department of Agriculture** Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Position Title:

Public Health Nurse

FLSA Status: Non-Exempt

Date Approved: January 1, 2017

Summary: The Public Health Nurse is a professional level position responsible for performing specialized and highly complex public health nursing duties with a high degree of independence. Promotes and maintains health through teaching, counseling, assessment an appropriate preventive and rehabilitative measures.

Essential Job Functions

Analytical/Assessment Skills

Assess program services (i.e. tuberculosis (TB), vaccine for children) based on site visits, medical director insight and data; take action utilizing existing protocols or provide recommendations to leadership.

Policy Development/Program Planning Skills

Review and make recommendations to update program protocols and standing orders as necessary.

Communication Skills

Provide education to the public regarding general health, diagnosis and program and community services. Develop/contribute to educational documents (articles, reports, brochures, displays) for program services. Create and conduct educational presentations (talks, radio interviews) at sponsored events/community activities as requested. Provide nursing consultation to ensure medical needs of the provider and patient are met.

Community Dimensions of Practice Skills

Provides care coordination or referral services for program participants (financial resources, assistance with finding benefits, support groups, specialty care opportunities, community resources, transportation, etc). Participate in committees/partnerships related to public health principles. Review clinic dictation/provider recommendations to ensure required follow-up work is being completed in a timely manner.

Public Health Sciences Skills

Describe and utilize scientific evidence related to public health issues such as vaccine preventable disease both nationally and internationally, evaluating risk of disease in foreign travel and sexual health, limiting spread of STIs and TB including case investigation and management, and providing interventions for reproductive health and other areas of population health.

Leadership and Systems Thinking Skills

Process and prioritize, within program guidelines, services for clients (children and youth with special healthcare needs, TB screening and referrals, immunizations, family planning/STD services). Participate in training/educational opportunities related to programs. Provides direct care services (immunizations, family planning services, general clinical services) as needed. Maintain, within program standards, all necessary supplies (clinic, vaccinations, pharmaceuticals). Coordinate, triage and assist with clinic operations as needed.

Dispense medications/pharmaceuticals in accordance with nursing scope of practice, Colorado Department of Public Health & Environment and PCCHD protocols/guidelines.

Cultural Competency Skills

Ensures the consideration of the role of cultural, social and behavioral factors in the accessibility, availability, acceptability and delivery of clinic services.

Performs other functions as required to fulfill the expectations of the position and the goals and objectives of assigned program/projects and the agency.

Qualifications:

Minimum Required Education/Experience: Bachelor's or Master's degree in nursing and two years of work experience in the nursing field. Associate's Degree/diploma nurse in nursing and four years of work experience in the nursing field. Public health work experience is preferred.

Pre-employment Knowledge, Abilities and Skills:

- Through the principles and practices of public health nursing, provide support activities, as assigned, to ensure program needs are met.
- Outstanding verbal and written communications skills.
- Ability to engage with and work with other personnel and teams.
- Ability to work with current computer software programs with general skill and competence (including keyboarding).

Note: Any acceptable combination of education (minimum required), training and experience that provides the above knowledge, abilities and skills may be substituted.

Necessary Special Requirements: A valid State of Colorado driver's license. Must be able to provide personal transportation for work-related business. Must possess current licensure as a Colorado Registered Nurse.

Licenses or Certificates: None

Special Requirements: Fluency in writing and speaking English. Ability to speak fluently in Spanish is desired.

Unusual Demands: Work is subject to recurring and inflexible deadlines and frequent interruptions. Employee may be on call to respond to public health emergencies.

Frequency of Required Exposure/Use (seldom, occasional or frequent)

Work Environment	Level	Work Environment	Level
Cold (50°F or less)	Seldom	Repetitive Movements	Occasional
Heat (90°F or more)	Seldom	Use of Telephone	Occasional
Gases/Fumes/Dust	Seldom	Use of Facsimile (fax)	Occasional
Heights	Seldom	Calculator	Seldom
Noise	Occasional	Computer/Mouse	Frequent
Climbing (stairs/ladder)	Seldom	Copier	Occasional
Driving	Seldom	Lifting/Lowering to 50 lbs	Seldom
Standing	Occasional	Pushing	Seldom
Sitting	Occasional	Reaching Over Shoulder	Seldom
Walking	Occasional	Reaching Forward	Seldom
Bending	Occasional	Carrying up to 50 lbs	Seldom
Work with Others	Frequent	Visual Acuity: Near	Frequent
Work Alone	Occasional	Visual Acuity: Far	Seldom
Crawling or Kneeling	Seldom	Color Discrimination	Seldom