



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. Applicants are required to complete a criminal disclosure statement (included in the packet) about convictions for employment consideration with our agency. When employment begins, we also request a criminal history report concerning child/abuse from the Washington State Patrol.

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

After completion, return the application to:

Grant County Health District  
1038 W. Ivy  
Moses Lake, WA 98837  
(509) 766-7960

Or

Email to [rmorfin@granthealth.org](mailto:rmorfin@granthealth.org)



**JOB APPLICATION**

QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION  
BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, AGE OR THE PRESENCE  
OF A NON-JOB-RELATED HANDICAP.

\*\*\*\*\*

**APPLICATION MUST BE LEGIBLE.**

**POSITION APPLYING FOR** \_\_\_\_\_

Will you accept: Full Time ☐ Part Time ☐

Do you smoke or use tobacco products? No ☐ Yes ☐

**1. PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip

Current Employer \_\_\_\_\_  
Name & Address

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

May we contact you at work? Yes ☐ No ☐

Languages other than English SPOKEN Fluently: \_\_\_\_\_

Languages other than English WRITTEN Fluently: \_\_\_\_\_

**CONFIDENTIAL AND VOLUNTARY INFORMATION.**

Have you been convicted of or released from prison for a felony within the last seven years?

Yes ☐ No ☐

If yes, please explain:

CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

## 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. SPECIAL LICENSES

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

Do you have a current driver's license? Yes ☐ No ☐ If yes, list state: \_\_\_\_\_

#### 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.

##### LAST OR PRESENT ACTIVITY

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of hours per week \_\_\_\_\_

Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name & phone #: \_\_\_\_\_

Brief description of duties & responsibilities:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of hours per week \_\_\_\_\_

Dates worked: \_\_\_\_\_ 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

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

List other interests, hobbies, activities, volunteer work, etc., which you believe pertinent.

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:

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 car available for on the job use? Yes ☐ No ☐

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

VETERAN'S PREFERENCE. ANSWER ONLY IF YOU WISH TO CLAIM VETERAN'S PREFERENCE: VETERAN'S PREFERENCE CAN ONLY BE USED ONCE BY AN APPLICANT FOR EMPLOYMENT WITH STATE OR LOCAL GOVERNMENT IN WASHINGTON.

---

Have you been discharged from the U.S. military within the last 8 years? Yes ☐ No ☐  
(If employed, you may be asked to furnish proof).

ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF MY APPLICATION, OR DISMISSAL IF EMPLOYED.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## DISCLOSURE STATEMENT

### Attachment to the Employment Application

Pursuant to the requirements of 1987 Washington Laws Chapter 486, as amended we must ask you to complete the following disclosure statement. This information will be kept confidential, and will be used only in making an initial employment decision.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	First degree rape of a child
<input type="checkbox"/>	<input type="checkbox"/>	First degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Second degree rape of a child
<input type="checkbox"/>	<input type="checkbox"/>	Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Third degree rape of a child
<input type="checkbox"/>	<input type="checkbox"/>	First degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	Second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Second degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	First degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree arson
<input type="checkbox"/>	<input type="checkbox"/>	Second degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary
<input type="checkbox"/>	<input type="checkbox"/>	Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First degree manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting of prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Second degree manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	First degree extortion
<input type="checkbox"/>	<input type="checkbox"/>	First degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Second degree extortion
<input type="checkbox"/>	<input type="checkbox"/>	Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide
<input type="checkbox"/>	<input type="checkbox"/>	Second degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Third degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault
<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse and neglect
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	First degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>	Third degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Violation of restraining order	<input type="checkbox"/>	<input type="checkbox"/>	First degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a child	<input type="checkbox"/>	<input type="checkbox"/>	Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may be renamed	<input type="checkbox"/>	<input type="checkbox"/>	Third degree sexual misconduct with a minor

Have you ever been CONVICTED of any of the following crimes relating to financial exploitation if the victim was a vulnerable adult:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Third degree theft
<input type="checkbox"/>	<input type="checkbox"/>	Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	First degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	Third degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Second degree robbery
<input type="checkbox"/>	<input type="checkbox"/>	First degree theft	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	Second degree theft	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may be renamed

If your answer is "Yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

- A. In any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes ☐ No ☐
- B. By a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes ☐ No ☐
- C. In any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes ☐ No ☐
- D. By a court in a protection proceeding to have abused or financially exploited a vulnerable adult? Yes ☐ No ☐

If you answer is "yes" to any of the above, please describe and provide the date (s) of the finding (s) and the penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report or your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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: Full time employees earn one day per month. Part-time employees earn based on percentage of time worked with no less than one hour leave earned for every 40 hours worked. Sick leave is available for use after it is earned.

Full time and regular part-time (20+ hours per week) employees earn annual leave. Leave is earned after first full month of employment and available for use after six (6) months of employment.

Completion of Years of Continuous Service	Number of Hours Earned Monthly
1-12 months	8
2	10
3	11
5	12
10	14
15	16

Holidays: 12 days per year and one (1) personal holiday

Probation period: 12 months minimum

NOTE: Sick leave, annual leave, and holidays are pro-rated for permanent part-time employees.

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

Medical Insurance is provided through Public Employees Benefits Board (PEBB). The Employer will partially cover the cost of the medical insurance premium for full-time permanent employees. This includes Medical, Dental, Vision, Life/AD&D and LTD.

Retirement: Permanent full-time employees and permanent employees who work at least 70 hours or more per month are covered under the Public Employees Retirement System (PERS).

## Policy and Procedure

<b>Subject:</b> <b>Staff Immunizations</b>		<b>Index:</b> <b>ADMINISTRATION</b>	
		<b>Number: ADM.9 Staff Immunization Policy</b>	
<b>Effective Date:</b> <b>10/25/2021</b>	<b>Approved by:</b> <i>Health Officer</i> <i>Administrator</i>	<b>Supersedes:</b> <b>/s/Dr. Brzezny 2019</b>	<b>Page 1 of 4</b>

### 1.0 PURPOSE/REFERENCES:

It is the purpose of this policy to protect GCHD (Grant County Health District) staff and members of the public with whom they meet against vaccine preventable diseases.

### 2.0 SCOPE:

This policy guiding document is applicable to all areas of operation of the Health District.

### 3.0 DEFINITIONS:

Definitions of each disease and the appropriate evidence of immunity can be found by accessing the CDC's (Center for Disease Control) or ACIP's (Advisory Committee on Immunization Practices).

<https://www.cdc.gov/vaccines/acip/index.html>

### 4.0 POLICY:

All GCHD staff are expected to be fully immunized for vaccine preventable diseases. Evidence of immunity based on current CDC or ACIP guidelines or legal waiver required upon hire. Refer to [doh.wa.gov](http://doh.wa.gov) for current waiver forms. GCHD will maintain immunization records for all employees and update Washington State Immunization Information System as necessary. GCHD will not discriminate against employees who provide a legal waiver. In the event of an outbreak of a vaccine preventable disease, staff without evidence of immunity may be excluded from work at the expense of the employee. The employee's annual leave will be utilized during the exclusion period.



## 5.0 PROCEDURES:

- A. New staff will meet with a public health nurse within 2 weeks after commencement of employment for review of immunization status. The staff person will receive a list of required immunizations or titers that they are expected to get within 60 days along with a list of recommended immunizations; a waiver form will be furnished upon request.
  - 1. Required immunizations or titers can be obtained during work hours and employee will be reimbursed any cost that is not covered by their health insurance.
  - 2. Recommended immunizations are obtained during work hours at employee's expense.
  - 3. If titers show non-immunity, the employee will obtain necessary immunization.
- B. All records of immunizations, titers or legal waivers are to be turned into Administrative services/Human Resource staff for their employee file.
- C. Employees should consult with their primary care physician for any specific medical questions or concerns. The public health nurse may only answer questions that are covered on the VIS (Vaccine Information Sheet).
- D. All employees will follow the current immunization guidelines that are required for healthcare workers as recommended by CDC. All staff must be able to assist in communicable disease outbreak control as needed, unless not appropriate or unable to demonstrate immunity.
- E. If an employee cannot receive an immunization, then a waiver will be signed by employee.
- F. Refer to appendix A for brief description of required and recommended immunizations.

## Appendix A:

### REQUIRED EVIDENCE OF IMMUNITY OR LEGAL WAIVER:

#### A. HEPATITIS B VACCINE (REQUIRED)

New employees shall be offered the option to undergo the series of three (3) Hepatitis B vaccinations as outlined by CDC (Centers for Disease Control). Health care workers who do not wish to be vaccinated must complete and sign a waiver stating they have received the offer of vaccination against Hepatitis B and declined.

Serology (antibody titer test) may be required 1 to 2 months following the final shot in the series. Employees coming to the Health District with a completed series in the past do not need serology completed, except in the event of exposure to blood/body fluids.

- 1. Before immunizing, serologic screening for Hepatitis B need not be done unless the employee requests it.
  - 2. Employees who are or think they might be pregnant will not be vaccinated without written direction from the employee's personal physician.
-

3. Prophylaxis with Hepatitis B Immune Globulin (HBIG) and vaccine should be used when indicated, such as following a needle stick or other percutaneous exposure to blood, when employee is not adequately immunized according to current ACIP guidelines.

**B. MEASLES, MUMPS and RUBELLA (REQUIRED)**

All employees need to demonstrate or receive immunity to measles, mumps and rubella disease. Measles, mumps, and rubella vaccines are combined as the MMR vaccine. Pregnancy or certain immunosuppressive conditions can be a contraindication to the vaccination.

Employees may:

1. Provide documented evidence of two doses of MMR vaccine. These must have been given on or after the first birthday and received since 1968, with the second dose given at least 28 days after the first.

OR

1. Provide previous or new serological evidence of immunity (IgG) to measles, mumps, and rubella. Physician-diagnosed cases to be considered as evidence of immunity must be lab-confirmed.
2. Employees without proof of MMR immunity may not serve in a healthcare worker role or customer service role with the public.

**C. VARICELLA (CHICKEN POX) (REQUIRED)**

New employees must provide documentation of immunity through history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, laboratory confirmation of disease, or 2 doses of varicella vaccine given at least 28 days apart.

**D. INFLUENZA (REQUIRED)**

To avoid staff absenteeism during the influenza season, and to prevent transmission of influenza, all staff will receive influenza vaccination annually. This vaccine will be provided by the agency at no cost to staff and is required for all staff except for those providing documentation from a medical provider that the immunization is medically contraindicated. Masking will be required for the full influenza season for employees who do not receive the annual influenza vaccine.

---

Those who are unable to be vaccinated due to medical reasons could face an exclusion from work during an on-site influenza outbreak, at the health officer's discretion, and may apply annual leave or leave without pay (if no annual leave is available); sick leave may not be applied to such an exclusion. Generally, those without proof of vaccine will be allowed to work during a lab confirmed influenza outbreak only with continual use of a facemask.

E. COVID-19

Per the Governor's Proclamation 21-14; certain positions at the GCHD requires proof of vaccination. Please contact Human Resources at 509-766-7960 ext 43 for those positions.

**RECOMMENDED EVIDENCE OF IMMUNITY:**

A. HEPATITIS A

It is recommended that any staff that could possibly have exposure to Hepatitis A receive the Hepatitis A series.

Prophylaxis with immune globulin or hepatitis A vaccine will be offered to employees exposed to persons infected with Hepatitis A, following current ACIP recommendations on post-exposure prophylaxis.

B. TETANUS/DIPHTHERIA/PERTUSSIS (Td/Tdap)

Tdap boosters are recommended every 10 years. Any employee who has not received Tdap vaccine should receive a onetime dose (no minimum interval after receiving Td).

/s/ Dr. Brzezny 2/9/09

Health Officer Signature Date

Reviewed:

/s/ Dr. Brzezny 6/17/19

Health Officer Signature Date

/s/ Dr. Brzezny 10/25/2021

Administrator Date

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date