

PUBLIC HEALTH EDUCATOR 2

Minimum Qualifications: Education and Experience: Graduation from an accredited college or university with a bachelor's degree in health education, biology, or a related field and experience equivalent to one year full-time professional health education work. Substitution of Experience for Education: Qualifying full-time professional experience in health education may be substituted for the required education on a year-for-year basis, to a maximum of four years. Substitution of Education for Experience: Additional qualifying graduate coursework in health education, biology, or related field may be substituted for the required experience, on a year-for-year basis, to a maximum of one year.

Job Overview: Summary: Under general supervision, is responsible for professional public health education and consulting work of average difficulty; and performs related work as required Distinguishing Features: This is the working class in the public health education sub-series. An employee in this class performs a full range of public health education program development, evaluation, and consulting work of average difficulty.

Work Activities: Utilizes knowledge gained through state approved trainings to provide guidance and professional advice for community groups. Updates and uses relevant knowledge to implement health education interventions and programs for the community. Utilizes training methods and procedures for the purpose of learning and teaching new ideas to community health partners. Identifies the underlying principles, reasons, or facts of information by breaking down information or data into separate parts in order to achieve specified goals. Develops specific goals and plans to prioritize, organize, and accomplish work. Works directly with the public to facilitate programs, provide community education and disseminate health related materials. Compiles information and reviews results to choose the best solution and solve problems pertaining to public health. Identifies the educational needs of others, develops formal educational or training programs or classes, and teaches and instructs others. Assists with the design and delivery of relevant in-service training programs for health department employees, teachers, and other professionals. Implements Public Health activities based on the needs of the targeted population. Assists and plans community meetings based on public health needs. Observes, receives, and obtains information from all relevant sources to educate the public. Determines the characteristics and resources needed for successful coalition building. Utilizes relevant knowledge to provide guidance and professional advice to determine the needs of the community. Monitor and control resources and oversees the distribution of health education materials. Prepares, reviews, and maintains operation records and reports to facilitate health education programs. Performs day to day administrative tasks such as maintaining information files, documenting activities, and other information to facilitate health education programs.

Competencies (KSA's): Competencies: Organizing Time Management Integrity and Trust Priority Setting Informing Drive for Results Written Communications Listening Work/Life Balance Presentation Skills. Knowledge: Customer and Personal Service Education and Training Computers and Electronics Communications and Media Mathematics Sales and Marketing Psychology Law and Government Clerical. Skills: Time Management Speaking Reading Comprehension Judgment and Decision-Making Writing Service Orientation Management of Material Resources Management of Personnel Resources Critical Thinking Persuasion. Abilities: Time Sharing Written Expression Oral Expression Oral Comprehension Speech Clarity Category Flexibility Deductive Reasoning Speech Recognition Fluency of Ideas Inductive Reasoning

BENEFITS: Medical, dental, and vision insurances; pension/retirement plan, paid holidays, paid sick and vacation leave, bereavement leave, etc...

Applications are available on Hawkins County Government web site or can be picked up at the 2 Hawkins County Health Department locations:

Church Hill Health Department - 247 Silver Lake Road, Church Hill, TN 37642

Rogersville Health Department - 201 Park Boulevard, Rogersville, TN 37857

Completed applications are being accepted and can be hand delivered to the health department addresses listed above.

If mailing completed application, please mail to Hawkins County Health Department, PO Box 488, Rogersville, TN 37857. ATTN: County Director. Resumes can be included but will not substitute for a completed application.



STATE OF TENNESSEE EMPLOYMENT APPLICATION

ATTENTION APPLICANTS: DO NOT INCLUDE THIS PAGE WHEN PROVIDING A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW.

ATTENTION AGENCIES: DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

VETERANS PREFERENCE: Tennessee veteran's preference is extended to applicants listed on the appointment or promotional list. To be eligible for veterans preference, you must have received an honorable discharge from the army, navy, air force, marine corps or coast guard or any member of the reserve components, as defined in 10 U.S.C. § 10101, who performs active federal service in the armed forces of the United States. Proof of dates of military service, honorable discharge, disability, death, and residence are required and must be provided to the Department of Human Resources in order to receive Veterans Preference. A spouse or surviving spouse of a veteran is eligible if these conditions are met: as a result of such military services, the veteran suffered a one hundred (100%) percent service-connected disability or is permanently and totally disabled; or the veteran died in the line of duty during such military service; **and** the surviving spouse has not remarried since the death of the veteran.

TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.

Proof will be submitted under separate cover Proof is attached

Proof has previously been submitted to Applicant Services

Date of Entry in Military Service

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch of Service: _____

Date of Separation from Active Service

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Rank at Discharge: _____

SPECIAL QUALIFICATION INFORMATION: Employment consideration for some jobs is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block.

To be considered for jobs requiring U.S. citizenship, please answer: Are you a U.S. citizen? _____

To be considered for positions requiring a minimum age: Are you at least 21 years of age?: _____

*****OPTIONAL INFORMATION*****

The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of TN in its commitment to equal employment opportunity, applicants are asked to voluntarily provide the following information. The State of TN is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and an applicant's failure or refusal to provide this information will not affect an applicant's employment opportunities. Data will be held confidential and only used in accordance with applicable federal law. Refusal to provide information will not subject the applicant to any adverse treatment.

RACE: White Black Hispanic
 Asian or Pacific Islander Native American Indian Alaskan Native
 Other

SEX: Male Female



STATE OF TENNESSEE EMPLOYMENT APPLICATION

EDUCATIONAL BACKGROUND

Please indicate the highest level of primary or secondary education completed.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	GED	High School Diploma	Cert. of Completion	

POSTSECONDARY EDUCATION – Please list schools attended after high school. This includes any colleges, universities or vocational schools.

Name and City/State of School	Dates Attended		# of hours Completed	Did you Graduate		Date of Graduation	Major	Type of Degree
	To	From		Yes	No			

LICENSES: Please list each license, certificate or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit.

TYPE OF CERTIFICATION	AREA OF ENDORSEMENT	LICENSE NO.	ORIGINAL ISSUE DATE	EXPIRATION DATE	STATE/ISSUING AGENCY

EXPERIENCE BACKGROUND

INSTRUCTIONS: To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held. You may submit an employment resume to supplement your application.

Job Title _____	Employment dates _____ / _____
Hours per week _____	Starting Salary _____ Ending Salary _____
Employer Name: _____	
Employer Address: _____	Phone _____
Name of Supervisor: _____	# of employees you supervised _____
Reason for leaving: _____	
Duties: _____	



STATE OF TENNESSEE EMPLOYMENT APPLICATION

Job Title _____ **Employment dates** _____ / _____

Hours per week _____ **Starting Salary** _____ **Ending Salary** _____

Employer Name: _____

Employer Address: _____ **Phone** _____

Name of Supervisor: _____ **# of employees you supervised** _____

Reason for leaving: _____

Duties: _____

Job Title _____ **Employment dates** _____ / _____

Hours per week _____ **Starting Salary** _____ **Ending Salary** _____

Employer Name: _____

Employer Address: _____ **Phone** _____

Name of Supervisor: _____ **# of employees you supervised** _____

Reason for leaving: _____

Duties: _____

Job Title _____ **Employment dates** _____ / _____

Hours per week _____ **Starting Salary** _____ **Ending Salary** _____

Employer Name: _____

Employer Address: _____ **Phone** _____

Name of Supervisor: _____ **# of employees you supervised** _____

Reason for leaving: _____

Duties: _____



STATE OF TENNESSEE EMPLOYMENT APPLICATION

REFERENCES: Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.

NAME	ADDRESS	CITY-STATE	PHONE

SIGNATURE:

Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, and/or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature of Applicant _____ Date _____