

# Application For Employment

HANCOCK COUNTY HEALTH DEPARTMENT  
P O Box 357  
Carthage, Illinois 62321

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Position Applied For	Date of Application		
How Did You Learn About Us? (please check)			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Current Employer
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  N/A  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

May we contact your present employer?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Are you currently on "lay-off" status and subject to recall?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Name, City, & State of School	Course of Study	Full-Time Years Completed (Equivalent)	Diploma Degree Dates MONTH/YEAR
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> Ged	
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Specialized Skills

## Check All Current Skills/Equipment Operated

PC       dBase       Typewriter       Words Per Minute      Others: \_\_\_\_\_  
 Windows       Lotus 1-2-3       Fax      \_\_\_\_\_  
 Quattro Pro       Word Perfect      \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military (if applicable).

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Passing a physical examination is a Health Department requirement for employment. Do you refuse to have a physical exam?  Yes  No

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer <hr/> Address <hr/> <hr/> Telephone Numbers(s) <hr/> Job Title      Supervisor <hr/> Reason for Leaving <hr/>	Dates Employed From    To <hr/> - <hr/> Hourly Rate/Salary Starting    Final <hr/> - <hr/> <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time	Work Performed <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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If you need additional space, please continue on a separate sheet of paper.

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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State any additional information you feel may be helpful to us in considering your application.

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## References

1.

NAME	PHONE NUMBER
ADDRESS	BEST TIME TO CONTACT
RELATIONSHIP	

2.

NAME	PHONE NUMBER
ADDRESS	BEST TIME TO CONTACT
RELATIONSHIP	

3.

NAME	PHONE NUMBER
ADDRESS	BEST TIME TO CONTACT
RELATIONSHIP	

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date