

# Henry County Health Department

4424 US Hwy. 34, Kewanee, IL. 61443

(309) 852-0197

## APPLICATION FOR EMPLOYMENT

Date Of Application: Date Available to Start Work: Hours Available for Work:	Position Desired:  Full-Time ___ Part-time ___	Rate of Pay Expected  \$ _____ per hour
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**As an EQUAL OPPORTUNITY EMPLOYER it is our policy to grant equal opportunities to all qualified persons without regard to race, color, creed, age, sex, national origin, ancestry, religion, or handicap if otherwise qualified.**

**IMPORTANT: PLEASE PRINT OR WRITE PLAINLY. THIS WILL BE A PERMANENT RECORD IF YOU ARE EMPLOYED.**

Last Name:	First Name:	Middle Initial:	Are you under 18?	Social Security No.
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Street Address:	City:	State:	Zip:	Area Code & Telephone Number
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How long have you lived at this address?      Years: \_\_\_      Months: \_\_\_

## RECORD OF EDUCATION

School	Name & Address of Educational Institution	Years Completed	Did You Graduate ?	Diploma/ Degree
High School				
College/University				
Technical/Nursing				
Other/Specify				

## SPECIAL LICENSE, CERTIFICATION OR REGISTRATION

Type:	State(s):	License, Certificate or Registration No.	Expiration Date
Military Service: Service Branch:	Rank:	Dates of Service From                  To	Specialty(Training Received)

Do you speak any Foreign Languages?    \_\_\_ Yes    \_\_\_ No    If Yes, Please List.

Are you currently in default on a government student loan?    \_\_\_ Yes    \_\_\_ No

**PLEASE TURN TO THE BACKSIDE AND COMPLETE THE ENTIRE APPLICATION**

