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: | Rate of Pay Expected | | | | | |
| | | Full-Time Part-time | \$ per hour | | | | | |
| 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: | Are you under 18? | Social Security No. | | | | | | |
| Street Address: City: | State: Zip: | Area Code & Tel | elephone Number | | | | | |
| How long have you lived at this address? Years: Months: | | | | | | | | |
| RECORD OF EDUCATION | | | | | | | | |
| School | Name & Address of Educational Institution | | Years Complet ed | 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

| EMPLOYMENT RECORD LIST ALL EMPLOYMENT FOR PAST 10 YEARS, INCLUDING SELF-EMPLOYMENT | | | | | | |
|--|--|----------------------------|-------------|--|--|--|
| Employer (Present or Most Recent) | Address (Street, City, State, Zip) Telephone # | From (mo./yr.) | To(mo./yr.) | | | |
| Job Title | Supervisor's Name | Base Wage/Salary \$ Per | | | | |
| Describe Major Duties: | | Reason For Leavin | g: | | | |
| Employer (Present or Most Recent) | Address (Street, City, State, Zip) Telephone # | From (mo./yr.) | To(mo./yr.) | | | |
| Job Title | Supervisor's Name | Base Wage/Salary \$ Per | | | | |
| Describe Major Duties: | | Reason For Leaving: | | | | |
| Employer (Present or Most Recent) | Address (Street, City, State, Zip) Telephone # | From (mo./yr.) | To(mo./yr.) | | | |
| Job Title | Supervisor's Name | Base Wage/Salary \$ Per | | | | |
| Describe Major Duties: Reason For Leaving: | | | g: | | | |
| Professional References: Name persons you have known at least one year. (Name) (Address/ Phone No./ Occupation) (Years Acquainted) | | | | | | |
| | | | | | | |
| | | | | | | |
| I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that nothing in this employment application, the granting of an interview or any subsequent employment with the Health Department is intended to create an employment contract with the Health Department and myself and does not bind either party for any specific period regarding employment. I understand that if I am hired, my employment will be conditional for up to three months pending the results of a Criminal Background Check. As a condition of employment consideration, I understand and agree to submit to a drug and/or alcohol test. If the test results are positive, it is understood that I shall not be considered further for employment. If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9. | | | | | | |
| Applicant - please sign her | e 命命命 Signature | Date | | | | |