



APPLICATION FOR EMPLOYMENT

NOTE: Please read application carefully,
and be sure to sign/fill out all the areas
marked with the **red X**.

Application For Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. This Application for Employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment

(PLEASE PRINT)

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

Last Name	First Name	Middle Name
Street Address	City	State
	Zip	Years at address?
Telephone Number(s)		Social Security Number -- --

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever been employed with us before? YES NO
 If Yes, give date _____

Are you currently employed? YES NO May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. YES NO

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

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

NOTE: Pursuant to Public Act 93-0211, effective January 1, 2004 (20 ILCS 2630/12 (a)) and Public Act 93-0912, effective August 12, 2004 (705 ILCS 405/5-915 (8a)), respectively, applicants are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record; and Tazewell County Health Department is prohibited from asking you if you have had records expunged or sealed.

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

	Indicated any foreign languages you can speak, read and / or write.		
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

Describe any job related training received in the United States military.

Employment Experience

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

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.	
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:</i>	

Additional Information

Other Qualifications *Summarize special job-related skills & qualifications acquired from employment or other experience.*

Specialized Skills

Check Skills/Equipment Operated:		Production/Mobile Machinery (list):	Others (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> WordPerfect	_____	_____
<input type="checkbox"/> Copier	<input type="checkbox"/> PBX System	_____	_____

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

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation can be requested. YES NO

References

1. _____ ()
(Name) (Phone)

(Address-City, State, Zip)

2. _____ ()
(Name) (Phone)

(Address-City, State, Zip)

3. _____ ()
(Name) (Phone)

Applicant's Statement

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization. Failure to submit such proof shall result in delay of employment.

I acknowledge that I have read and fully understand the above statements and that I seek employment under these conditions.

X

Signature of Applicant

X

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

YES

NO

Remarks

Interviewer

Date

Employed:

YES

NO

Date of Employment:

Job Title

Department

Hourly Rate/Salary

Step/Grade

By

NAME and TITLE

Date

NOTES

Employment Verification Request

_____ **Date:** _____

The person named below has applied for employment with the Tazewell County Health Department Tremont, Illinois. The applicant states he/she was employed by your organization and has authorized us to investigate his/her work history. Any information you may furnish will be treated as confidential. Thank you for your cooperation in this matter.

Janet S. Johnson, Human Resources Manager

Name _____ **Social Security No.** _____ - _____ - _____
Birth date _____ **Employed from** _____ **to** _____

X _____
Applicant's Signature

Is the above information correct? YES ___ NO ___ If not, please indicate any discrepancies. _____

Employed from _____ to _____; position of: _____
Reason for termination _____ Would you rehire? _____
If not, please explain _____

Please rate this individual on the basis of his/her employment with your organization.

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Initiative	_____	_____	_____
Quality of work	_____	_____	_____
Relations with others	_____	_____	_____
Attendance	_____	_____	_____
Punctuality	_____	_____	_____
Acceptance of Supervision	_____	_____	_____

Other Comments: _____

Signature Date

Title

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X _____
Applicant's Signature

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Quality of work	_____	_____	_____
Relations with others	_____	_____	_____
Attendance	_____	_____	_____
Punctuality	_____	_____	_____
Acceptance of Supervision	_____	_____	_____

Other Comments: _____

Signature Date

Title

**TAZEWELL COUNTY HEALTH DEPARTMENT
RELEASE AUTHORIZATION**

I authorize the Tazewell County Health Department to investigate my character and background and to solicit any information which might be used in evaluation of my employment potential with the Tazewell County Health Department. I also authorize investigation of all statements made in my application for employment with the Tazewell County Health Department.

In making such authorization, I release both the agents and contributors of the Tazewell County Health Department and the County of Tazewell, State of Illinois, from all liability for any damage whatsoever arising therefrom.

PLEASE PRINT:

X _____
Last Name & Maiden Name (if applicable) First Name M.I.

Circle One

M F

Sex

Date of Birth

Driver's License #

X _____
Signature of Applicant

X _____
Date

Sheriff's Department: Please process this request and report results to me at the Tazewell County Health Department.

Sheriff's Dept. Only

- No Identifiable Record
- Record
- Call

Initials

Date

Administrator or Business Operations Director

Date