

# Application for Employment

Crawford County Health Department  
 202 N. Christopher Boulevard  
 Robinson, IL 62454

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 – Applicant must completely answer each question or the application will not be processed.**

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

## PERSONAL

Last Name	First Name	Middle Name	
Street/Mailing Address	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?

Yes     No

Have you ever filed an application with us before?

Yes     No

If Yes, give date \_\_\_\_\_

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?

Yes     No

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

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

Are you available to work:     Full Time     Part Time     Temporary

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 taken any illegal drugs within the last thirty (30) days?

Yes     No

## EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								
OTHER Business College, Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING: APPROX. _____ WPM SHORTHAND: APPROX. _____ WPM COMPUTER EXPERIENCE: Beginning ____ Intermediate ____ Advanced ____					
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

## PROFESSIONAL LICENSES AND/OR CERTIFICATION

ARE YOU CURRENTLY: ELIGIBLE FOR:				<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED
				<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION
<b>IF LICENSED, REGISTERED OR CERTIFIED</b>	TYPE	STATE ISSUED	DATE	NO.		
	TYPE	STATE ISSUED	DATE	NO.		
	TYPE	STATE ISSUED	DATE	NO.		

## LANGUAGE SKILLS

<b>LANGUAGE</b>	DO YOU <b>SPEAK</b>	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<b>READ</b>	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<b>WRITE</b>	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
<b>LANGUAGE</b>	DO YOU <b>SPEAK</b>	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<b>READ</b>	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<b>WRITE</b>	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

## MILITARY/VOLUNTEER

Did you serve in the U.S. Armed Services?	Yes	No	What Branch?
Have you volunteered your time or services?	Yes	No	Where?
Briefly describe duties and skills acquired through volunteer or military service: (include dates)			
_____			
_____			

**EMPLOYMENT EXPERIENCE**

Have you ever been discharged or forced to resign? (If yes, please explain.)

Yes  No

Did you receive any disciplinary action within the last twelve (12) months of active employment? (If yes, please explain.)

Yes  No

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, disabilities or other protected status.

Employer		Dates Employed	
		From:	To:
Address		Work Performed	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	
		From:	To:
Address		Work Performed	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	
		From:	To:
Address		Work Performed	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Employed	
		From:	To:
Address		Work Performed	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

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

**REFERENCES**

<b>LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:</b>			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

**SIGNATURE**

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete a drug screening as a condition of employment. I understand the facility may have a no-smoking policy and I agree to comply with its requirements.

I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement of employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility and notarized.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representation or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_ INTERVIEWER \_\_\_\_\_ DATE

Employed:  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title

NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_