



CLARK COUNTY HEALTH DEPARTMENT

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
College	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
Other	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT



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Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		



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CERTIFICATION SIGNATURE OF APPLICANT:

I fully understand and agree to the following employment contingencies:

- I understand that my employment is contingent upon a favorable background check with the Illinois State Police and the Illinois Department of Children and Family Services. Any unfavorable result from either entity may result in my disqualification as a potential employee or if hired, my dismissal.
- I certify that my answers are true and complete to the best of my knowledge.
- I understand that false or misleading information in my application or interview may result in my dismissal.
- I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either party. In the event that I am employed, I understand that I am required to abide by all rules and regulations of the Clark County Health Department.
- I authorized the Clark County Health Department to investigate all statements contained herein and authorize 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, concerning my previous employment and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date

FOR ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW THIS LINE

Position Considered: _____

Interviewed by: _____ Date: _____

Accepted for Employment: Yes No (If No, provide brief description why below)

Comments: _____

The Clark County Health Department is an equal opportunity employer.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap, or on the basis of genetic information.